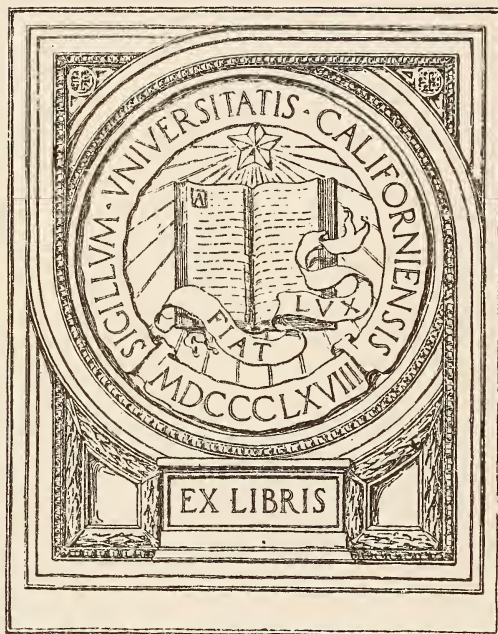


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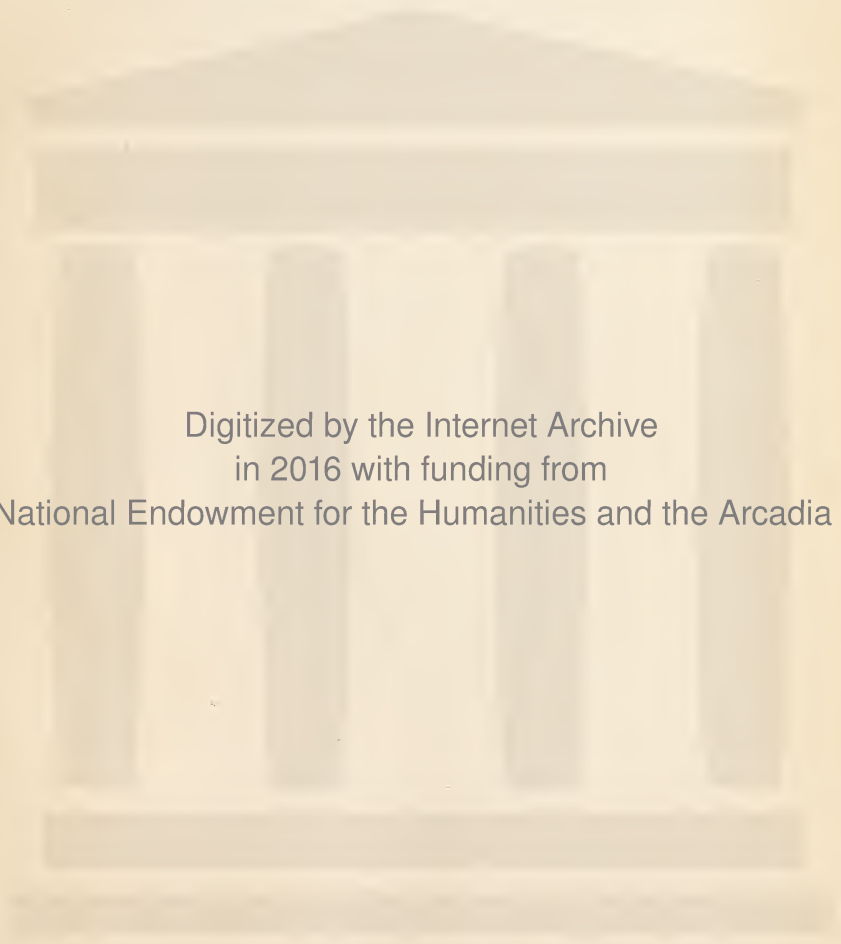


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INDEX

All Original Articles are listed under the heading "Original Articles," with the authors' names. All Medical Societies' reports will be found under "Societies." All Hospitals, Sanatoria and Homes will be found under "Hospitals."

A

Abstracts from Medical Journals.....17, 29, 84, 88
Mar. xviii, May xvi.....120, 122, 202, 206, 346, 382

ADDRESSES—

Costill, Henry B.—Presidential Address—"A Medical Survey".....179
MacAlister, Alex.—Third Vice-President's Address—"Group Medicine".....183
Kennedy, Foster—Address to Graduate Nurses.....193
Kice, Henry W.—Presidential Address—Tri-County Society.....11
Addresses of Drs. Cotton, Barrett, Costill, Paton, and Work at Dedication of Trenton State Hospital Psychopathic Buildings.....133 140
Annual Meeting State Society; Program.....173
Report of Meeting.....283 309

B

BOARD OF MEDICAL EXAMINERS' REPORTS—

State Boards121, 177, 206, 259, 263, 310, 337, 381
National Board's Reports.....121, 178, 203, 381

BOOK REVIEWS—

Applied Chemistry—F. N. Peters.....Sept., xv
Blood—Practical Chemical Analysis of—Victor C. Meyers.....May, xv
Brain Abscess—Wells P. Eagleton.....376
Diseases of the Skin—Richard L. Sutton.....Feb., xviii
Epidemiology and Public Health—Victor C. Vaughan.....April, xx
General Pathology—H. O. Strathcona.....Jan., xv
Glands Regulating Personality—Louis Berman, Feb., xvii
Management of Sick Infants—Langley Porter, July, xviii
Measurements in Regard to Physical Fitness—George Dreyer.....Dec., xix
Principles of Medical Treatment—George C. Shattuck.....Feb., xviii
Radium Therapy—Frank E. Simpson.....Aug., xv
The Assessment of Physical Fitness—Georges Dreyer.....Feb., xvii
The Physician Himself, from Graduation to Old Age—D. W. Cathell.....May, xv
The Place of Version in Obstetrics—Irving W. Potter.....June, xv
Tuberculosis in Infancy and Childhood—J. C. Gittings.....Aug., xv
New and Nonofficial Remedies, 1922.....July, xv

C

Cancer Notes and Cases.....118, 144, 176, 328, 329, 368, 369
Cancer Research Institute Appoints Consulting Board.....15
Clinical Reports—

15, 37, 50, 51, 52, 78, 130, 215, 218, 219, 253, 323, 326, 327
Bassin, John N.—Traumatic Hip Case of Industrial Origin.....130
Goldstein, Hyman I.—Familial Epistaxis, Etc.... 50
Hoffman, F. M., and McGovern, J. A., Laryngeal Stenosis.....216
Mundell, J. J.—Radium in Uterine Bleeding.....218
Marriott, W. McK., Rheumatic Nodules in Tendons, Etc.....219
Shapiro, L. G., and Shulman, A., Tetanus, Following Vaccination.....253
Swiney, M. A., Uterine Inversion.....51
Van Hofe, Fred. H., Mongolian Idiocy.....215
Le Progres Medical, Remarkable Recovery from Sarcoma.....219
County Medical Societies—See Societies.

CORRESPONDENCE—

Bureau of Industrial Medicine.....173
Standardized Fees148

D

DEATHS—

Allen, Ulamor, Jersey City.....177
Brown, David A., Trenton.....149
Cohen, Nathan A., Wildwood.....149
Dunn, Frederick V., Camden.....149
Dunn, James C., Franklin Park.....262
Epileptics, New Jersey State Village for.....175
Field, Edwin, Red Bank.....345, 380
Fitz-Randolph, R. B., Trenton.....345
Frace, Peter W., Hoboken.....205
Goodwill, John J., Laurel Hill.....31
Gould, George M., Atlantic City.....257, 262
Groszman, Maximilian P., Plainfield.....380
Herold, Herman C. H., Newark.....61
Hewlings, Isaac W., Moorestown.....91
Jamison, Charles E., Asbury Park.....120
Johnson, Frederick L., Stanton.....120
Mandeville, Frank N., Newark.....310
Martindale, Joseph W., Camden.....120
McDonald, Joseph, Jr., East Orange.....61
Myers, Samuel I., Bayonne.....150
Rotts, M. Leroy, Trenton.....227, 345
Reese, James M., Phillipsburg.....385
Smith, J. Anson, Blackwood.....31
Sutphen, Theron Y., Newark.....257, 262
Utter, Sylvester, Paterson.....120
Van Horn, Byron G., Englewood.....205
Ware, James W., Cape May City.....121
Whitford, Myron J., Dunellen.....150
Wilson, Stacy M., Bridgeton.....257, 262

DOCTORS' WIVES—

Boone, Mrs. Annie M. (w., Wm. C.), Plainfield.. 61
Harrison, Mrs. Adalene A. (w., Jos. B.), Westfield 121
Deaths occurring in December, recorded in January, 1923 Journal:

Cassady, John B., Burlington, November, 29.
Disbrow, William S., Newark, December 25.
Fithian, Joel W., Camden, December 9.
Hall, Charles E., Freehold, December 5.
Whitenack, M. Royal, Newark, December 12.

Defense, Medical—See Medical.

Discussion of Papers—See Under Original Articles.

E

EDITORIALS IN OUR JOURNAL—

A. M. A. Annual Meeting.....375
A. M. A. Conference.....27
A Personal Word.....58, 86
Authors of Papers.....171
Benjamin Franklin, a Medical Contributor.....376
Brain Surgery—Dr. Eagleton on.....376
Cancer Week.....277, 335
Professional Guild Gets Results.....26
Careful Thought Needed.....112
Dr. Chandler Leaves Kearny.....221
Dr. Watson's Gift.....58
Get Well at Home.....258
Good Journal News.....57
Happy New Year.....27
Maintain Professional Standards.....57
Medical Ethics.....221
New Jersey Workmen's Compensation and Rehabilitation Acts.....85
Our Annual Meeting.....25, 145, 199
Our County Societies.....146
Our Departed Members.....257
Our Home-Comers.....257
Our Professor's Ideals.....145
Our Professor's Needs.....25
Passage of Two Great Leaders.....337
The Professor's Future.....171
Vacation Needed.....199, 277
Volume XIX—1922.....375
Will Your Name Appear.....85

INDEX.

EDITORIALS FROM MEDICAL JOURNALS—

An Outrageous Libel, Boston Medical and Surgical Journal.....	59
Buffalo Physicians Protest Pauperization of Public, A. M. A. Journal.....	112
Chiropractors in Philippines—Phila. Med. Jour.....	203
Chiropractors and Chiropractic Schools—Illinois Medical Journal.....	226
Doctor, Stand Up and Be Counted.....	378
Doctor, What Are You Worth?—Tennessee Medical Journal.....	222
Get Well at Home—New York Medical Journal.....	258
Group Medicine—Boston Medical and Surgical Journal.....	147
Indifference of Medical Profession in Legal Matters—New York Journal.....	378
Latest Points for Medical Defense—Boston Medical and Surgical Journal.....	88
Physicians Needed.—New York Medical Journal.....	376
Political Power if Organized.—Illinois Medical Journal.....	336
Medical Research in America.—Boston Medical and Surgical Journal.....	xx
Right of Physicians to Practice Without Ignorant Lay Interference.—Illinois Medical Journal.....	200
Shall We Socialize Medicine?—Ind. Med. Jour.....	112
Ten Ways to Kill a Medical Society.—Pittsburgh Medical Journal.....	277
That Life You Saved.—Colorado Medical Journal.....	259
The Rise of Group Practice.—A. M. A. Journal.....	377
The Nationality of Surgery.—N. Y. Medical Jour.....	27
Training of Nurses.—Iowa Medical Journal.....	201
We Must Have a Candidate in Every Legislative District.—Illinois Medical Journal.....	117
What Ails the Medical Profession?—Ill. Med. Jour.....	87

EDITORIALS FORM THE LAY PRESS—

Appendicitis Treated by Massage.—N. Y. Times.....	115
High Cost of Medical Education.—N. Y. Herald.....	90
Smiting Quackery.—N. Y. Tribune.....	112
Suicides Among Doctors.—N. Y. Tribune.....	258
The Changing Doctor.—North American, Phila.....	89
Epileptics, New Jersey State Village for.....	175

G

Gorgas Memorial Institute, Panama.....	334
--	-----

H

Health Laws, 1922 (See May, xix).....	115, 148, 224
Health—Public—Items	
32, 62, 92, 122, 150, 178, 206, 228, 263, 382	
Syphilis in Family.....	April, xiv
Evolution of Public Health Work.....	April, xiv
Why Babies Die.....	150
How Doctors Die.....	206
Prevention of Delinquency.....	264
Cut Health Work from Political Control.....	178
Public Health Administration in New Jersey.....	350
Public Health Institute, Newark.....	92
Bureau Child Hygiene, State Health Department.....	382

HOSPITALS—

STATE HOSPITAL FOR THE INSANE—

Morris Plains.....	149, 275, 276, 310, 380
Occupational Therapy Exhibit and Field Day Meet.....	275
Veneral Disease Clinic.....	276
Trenton.....	133, 310
Dedication of Psychopathic Buildings.....	380

COUNTY AND LOCAL HOSPITALS—

Alexander Linn, Sussex.....	60
Ann May, Spring Lake.....	262
Bayonne.....	204
Bergen County.....	149
Boonton Firemen's.....	380
Bridgeton.....	
Elizabeth General.....	149, 176
Essex County, Overbrook.....	60, 227, 309
Hackensack.....	205, 227, 262, 309
Irrington.....	176
Monmouth Memorial.....	380
Mountainside, Montclair.....	149
Muhlenberg, Plainfield.....	30, 60, 119, 380
North Hudson, Weehawken.....	119
Orange Memorial, Orange.....	176
Orthopedic, Newark.....	119, 262
Paterson General, Paterson.....	30, 380
Phillipsburg Maternity, Phillipsburg.....	119, 380
Physicians and Surgeons', West Hoboken.....	91
Salem County Memorial, Salem.....	
30, 91, 119, 149, 176, 205, 227, 262, 309, 380	
Somerville, Somerville.....	310
St. Elizabeth, Elizabeth.....	205

St. Mary's, Passaic.....	205
St. Peter's, New Brunswick.....	176
Union County Hospital.....	60
Vineland, Vineland.....	91, 119
Tri-County, Atlantic, Cape May, Cumberland.....	119

HOSPITAL TRAINING SCHOOLS—

Mountainside.....	204
Muhlenberg.....	204
St. Mary's, Orange.....	205
St. Peter's, New Brunswick.....	149

HOSPITAL ITEMS—

Administration of the Hospital.....	119
Definite Minimum Fee Excludes Patients.....	205
Function of Hospital Social Service.....	31
Hospital for Children in Caucasus.....	120
Hospital Professors Not to Engage in Private Practice.....	177
Maternity Hospitals.....	30
Physician or Layman as Hospital Head.....	120
Place of Hospital in a Community.....	380
Special Duty of Hospital.....	30

SANATORIA—

Bonnie Burn, Scotch Plains.....	30, 91, 119, 177, 205, 310, 380
New Jersey, Glen Gardner.....	274
Swiney's, Bayonne.....	119
Glen Gardner Sanatorium Reunion.....	274
Sanatorium Trade Union Plans.....	61
Model Sanatorium, Buenos Aires.....	30

I

Indemnity Insurance (See Medical Defense)—	
Industry—Mental Hygiene in.....	61

L

Laws (See Health Laws, 1922)—	
-------------------------------	--

M

MARRIAGES—

Barishaw, Samuel B., Jersey City.....	205
Curtis, Donald A., Hackensack.....	149
Goldberg, Burtis E., Arlington.....	205
Grier, Robert M., Pleasantville.....	227
Higgins, Gerald F., Jersey City.....	227
Hulett, Albert G., East Orange.....	31
Ill, Carl H., Newark.....	380
Johnson, Frank C., New Brunswick.....	345
McMurtrie, William A., Morristown.....	61
Morris, Thomas H., Plainfield.....	205
Wolfe, James C., Branchville.....	149

MEDICO-LEGAL ITEMS—

Physician's Right to Quit Case.....	May, xxii
Negligence in Diagnosis and Treatment.....	May, xxii
Death from Blood Poisoning, After Teeth Extraction.....	May, xxii
Proper Hypothetical Questions.....	May, xxii
Advertising Statute Constitutional.....	June, xxi
Physical Examination in Workmen's Compensation Act.....	June, xxi
Liability of Unlicensed Physician for Improper Diagnosis.....	June, xxii
Physicians Must Be Morally Fit.....	June, xxii
Legal Liability for Veneral Disease.....	264
Evidence as to Physicians' Attendance Under Indemnity Policy.....	264
Medical Defense and Indemnity Insurance.....	278, 280

MISCELLANOUS ITEMS—

59, 87, 114, 144, 174, 202, 225, 260, 279, 379	
Fund for Students—W. P. Watson.....	59
The Doctor's Fee.....	144, 260
I Am the Doctor.....	225
Lay Criticism of the Profession.....	260

N

New and Reinstated Members.....	114, 202
New and Nonofficial Remedies, 1922.....	July, xv

O

Official Transactions State Society.....	283, 309
Oration in Medicine—Dr. H. R. M. Landis.....	229
Oration in Surgery—Dr. John H. Gibbon.....	265

ORIGINAL ARTICLES—

Andrews, Clarence L., Observations on Blood Pressure, Etc.,.....	33
Bailey, Wilson S., False Cults, 47; Christian Science.....	103
Baker, Augustus L. L., Were Experiences of Physicians in the Late War Beneficial to Them?.....	13

INDEX.

Bassin, John N., Traumatic Hip Case of Industrial Origin	130
Benjamin, Harry, Retardation of Senility, Steinach Method	315
Blackbourne, George, When Not to Operate.....	238
Carman, Louis D., Dr. Abraham Lincoln.....	102
Clock, Ralph O., Hay Fever and Its Treatment..	63
Cramer, Alfred, Jr., Headaches; Aid to Diagnosis	347
Craster, Charles V., Co-ordination in Public Health Work	39
Delphely, Eden V., Free Choice of Physicians in New York, Etc.....	123
DeShivers, Charles H. deT., Modern Diagnosis and Treatment of Gonorrhea in the Male.....	268
Dickinson, Gordon K., The Toxic Thyroid.....	10
Dickinson, Gordon K., The Mind of the Physician	189
Dingman, Thomas A., Fracture of Shaft of Femur	311
Dowd, J. Henry, Alkaline Crystals as Aid in Diagnosis	321
Draper, John William, Preventive Surgery.....	1
Fitz-Randolph, R. B., Public Health Administration in New Jersey.....	350
Forman, Howard I., The Acute Medical Abdomen	98
Goldstein, Hyman I., Sarcoma of the Gall Bladder	100
Goldstein, Hyman I., Diabetes in the Negro.....	157
Goldstein, Hyman I., Cancer of the Pancreas....	324
Gordon, Alfred, Prevention of Mental Diseases..	75
Graves, William, What the Medical Society Means to the Physician.....	249
Harman, William J., Potter Version.....	128
Heyd, Charles G., Surgical Affections of the Right Upper Quadrant	151
Hirsch, J. S., Carcinoma of the Uterus.....	327
Holmes, George J., Prevention and Corrective Health Measures	320
Howley, B. M., Muscular Exophthalmos.....	77
Kraker, David A., The Organized Reserves.....	162
Markens, Edward W., Lincoln and His Relation to Doctors	44
Marcus, Joseph H., Infant Welfare Work.....	131
Meyer, George P., Asthma, Newer Treatment of..	356
Miner, Donald, The Acute Surgical Abdomen.....	95
Mitchell, Leland, American Medical Survey of Child Health in Galicia.....	14
Murn, Charles J., Quinine in Pneumonia.....	233
Murray, Eugene W., Encouraging Maternal Feeding	213
Nevin, John, Community Health Service.....	210
Oration in Medicine, Dr. H. R. M. Landis.....	229
Oration in Surgery, Dr. John H. Gibbon.....	265
Pollak, Berth S., Role of the Medical Profession in Prevention of Tuberculosis.....	187
Ray, T. R., Dignity and Value of Organized Medicine	250
Reed, Charles A. L., Diagnostic Surveys by Commissions for Asylum Populations.....	207
Rehfuess, Martin E., Diagnosis of Stomach Diseases	71
Shapiro, Joseph, The Schick Test, as a Public Health Measure	164
Whelan, Charles J., Is the Doctor Better Than His Patient?	126
DISCUSSION OF PAPERS—	
Dr. Murn's Paper—Drs. C. H. Scribner, G. K. Dickinson, Edward B. Rogers, W. J. Chandler, C. H. Murn.....	236
Dr. Blackburne's Paper—Dr. Carl E. Sutphen....	248
Dr. Cramer's Paper—Drs. T. B. Lee, H. I. Goldstein	350
Dr. Fitz Randolph's Paper—Dr. Henry Spence...	355
Dr. Meyer's Paper—Drs. J. Alex Clarke, T. W. Corwin, W. Blair Stewart, G. P. Meyer.....	360
P	
Personal Notes—	
31, 61, 91, 121, 150, 177, 205, 228, 263, 310, 345,	381
Physiatric Institute, Morristown, Present Status of	
Diabetic Treatment (See January, 1923, Jour.)..	305
Prohibits Prescriptions for Beer.....	xx
Public Health Institute, Newark.....	92
Public Health Items (See under Health)—	
R	
Reinstated and New Members.....	114, 202
S	
SOCIETIES—	
COUNTY MEDICAL SOCIETIES—	
Atlantic.....	19, 52, 79, 104, 141, 167, 330, 370
Bergen	331, 370

Burlington	141, 195, 370
Camden	19, 80, 371
Cape May	53
Cumberland.....	53, 142, 167, 220, 331
Essex	142, 371
Gloucester.....	80, 195, 331, 371
Hudson.....	19, 81, 105, 142, 331, 371
Hunterdon	220, 331
Mercer.....	54, 55, 81, 105, 143, 167, 332, 372
Middlesex.....	21, 54, 105, 167, 273
Monmouth	21
Morris.....	22, 106, 195, 274
Passaic.....	22, 55, 82, 106, 143, 168, 274, 372
Salem	82, 168, 332
Somerset	82, 332
Sussex	333
Union	144, 220, 333
Warren	22, 198, 372
Tri-County	373
LOCAL MEDICAL SOCIETIES—	
Asbury Park Medical Association.....	144
Associated Physicians, Montclair and Vicinity—	
23, 56, 108, 168, 220	
Barnert Hospital Clinical Society, Paterson—	
109, 169, 255	
Bayonne Medical Society.....	82, 333, 373
Jersey City Hospital Staff.....	24, 83, 108
Jersey City Physicians and Surgeons' Club.....	107
Jersey City Practitioners' Society.....	24, 55, 83
Newark Beth Israel Hospital Staff.....	83
North Hudson Hospital Clinical Society.....	107
North Hudson Physicians' Club.....	107
Ridgewood Medical Society.....	334
Rutgers Club, Med. Section, New Brunswick.....	109, 334
St. Mary's Hospital Society, Hoboken.....	107
Summit Medical Society.....	374
Washington Society of Clinical Medicine.....	24, 256
West Hudson Practitioners' Club.....	108
STATE MEDICAL SOCIETY—	
Annual Meeting; Official Transactions.....	283, 309
Board of Trustees' Report.....	285, 297, 306
Board of Trustess' Added Members.....	306
Committee on Publication Report.....	293
Committee on Public Hygiene and Sanitation.....	288
Committee on Medical Defense.....	281, 286, 292
Committee on Nominations.....	303, 305
Committee on Constitution and Bylaws Revisions—	
295, 302	
Judicial Council and Councilors' Reports.....	286, 292
Scientific Sessions.....	296, 297, 302, 304, 305
Standardization of Hospitals' Report.....	290
Treasurer's Report	287
Welfare Committee's Reports.....	283, 300, 337, 339
OTHER ORGANIZATIONS—	
American Medical Association.....	27, 110
American Pediatric Society.....	110
American Protologic Society.....	110
Academy of Medicine, Northern New Jersey—	
28, 56, 87, 201, 279, 379	
New Jersey Sanatorium Association.....	374
New Jersey State Pediatric Society.....	198
New Jersey Tuberculosis League.....	279, 334
New Jersey State Sanitary Association.....	26, 379
Standardized Fees	148, 300
T	
THERAPEUTIC NOTES—	
Auricular Flutter, 30; Cancer, Diet in, 118; Mag-	
nesium in, 176; Cathartics, Abuse of, 30; Colic,	
118; Diabetes Mellitus, 226, 261; Digitalis in	
Tuberculosis, 118; Gallstones, Radish in, 118;	
Gonorrhea, 29; Heart, Weak, 60; Hiccough, 227;	
Honey, as Food, 204; Influenza, 29; Itching,	
29; Nephritis, Chronic, 176; Phenocalpaste, 118;	
Pernicious Anemia, 204; Pneumonia, Morphine	
in, 176; Pruitus ani, 29; Psoriasis, 30; Quinidin,	
Action of, 118, 261; Scarlet Fever, 29; Scorbura	
Oleosa, 60; Syphilis, 227, 261; Varicose Ulcers,	
176; Vomiting, 227; Warts, 204; Wounds.....	204
Transactions of Annual Meeting (See under State	
Society).	
W	
Welfare Committee, State Society—	
175, 201, 223, 259, 283, 300, 337, 339	
Welfare Committee's Annual Report by Dr. Eagle-	
ton	339
Workmen's Compensation and Rehabilitation Acts	
Passed in 1922.....	85

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PREVENTIVE SURGERY.*

By John William Draper, M.D., F.A.C.S.,
Attending Surgeon, State Hospital, Trenton,
New Jersey.

It is said that all the prevalent discussion as to the moot theory of relativity is quite unnecessary if only one can be brought to understand that a yard stick pointed in one direction has not the same length as when pointed in a direction at right angles to it. The problem of preventive surgery, however, seems on first thought much more obtruse. How, I fell to asking myself on awakening to the nature of your chairman's generous invitation to address you, am I to cope with the apparent anomaly couched in the title, "Preventive Surgery." If surgery is an act of the hand, how can such an act prevent itself? Have I not been asked to deal with the fourth dimension of space or been led into an acceptance in full of the so-nearly proven homeopathic doctrine that "like may cure like."

The truth, however, is that your chairman's conception of surgery is at least a decade ahead of that held by most of us and we are indebted to him for having suggested and fostered the use of this progressive title. I welcome the implied concession that surgery today has passed beyond the art of technic to an integral position beside scientific medicine. Who, more than the surgeon, beginning with the army surgeon's observations upon gastric digestion in the soldier St. Martin, has furnished to the chemist, the physiologist and pathologist the necessary impetus as well as the actual material for the vitally important synthetic scientific studies which have taught us so

much about the workings of the alimentary canal. The surgeon of today has emerged from the degraded position in which he had been placed by the natural human antipathy toward his work as practiced in the early days, and has at last come to stand on terms of parity with the scientifically equipped physician. For this in America we are indebted primarily to the founders of Kings College, now Columbia University.

Until today there have been two great divisions of surgery—orthopedic, for the relief of deformity, and general, for the relief of inflammatory conditions. From these great departments of surgery, medicine, meaning thereby that great entity which comprises the pains and disabilities of us mortals, has profited and progressed far beyond all power of estimate. Today a third department is being developed to meet added requirements of progressive medicine—that of Preventive Surgery. This deals with the discovery and eradication of focal infections and is proving to be fully as potent in relieving disease as its affiliated co-ordinate, Preventive Medicine. As distinguished from orthopedic and general surgery it is essentially elective. It requires no seer to prophesy that in the near future these new, affiliated and fundamentally scientific departments of medicine when applied to the now neglected masses of humanity through the necessary medium of group medicine, will so far eradicate disease as to render unnecessary and supernumerary most, if not all, of the older methods of treatment.

Is not all progress a matter of having the proper viewpoint and are we not now through prevention in both medicine and surgery, at last about to realize our long deferred hopes regarding etiology, diagnosis and treatment? Let me direct your

*Read at the Annual Meeting of the New Jersey Pediatric Society at Atlantic City, June 13, 1921.

attention to the life of the cell. Like the complex multicellular organism and like nations, this unit of the physical basis of life has its well recognized cycle of youth, maturity and senescence. Some cells as of the giant sequoia have inherent vigor and great longevity—some, as in an annual flower, reach their amazingly complex development of ionization and cytoplasmic differentiation, only to perish over night.

It has been thought, until today, that variability in length of life of individuals of the same species was due simply to hereditary personality and characteristics, handed down through the generations,—the chromosomes,—those nucleic custodians of all characteristics, alone possessing the quality of immortality. Recent experiments, however, appear to show that cells, taken for example, from a chicken at or before birth, and grown in vitro may be kept alive, if bacteriologically sterile, for a much longer period than marks the average age of the adult hen. It is the old complex question of heredity and environment. If physiological and chemical defense reactions to bacterial toxins are not called forth from the ordinary somatic cell, weakening its reserve and doubtless interfering with its very complex mechanism, it, evidently, if not vested with immortality, is capable of living much longer than if the reverse is true due to the presence of pathogenic bacteria and their products. We are all educated to a contemplation of the grandeur and vastness of ultra-telescopic space but it is only yesterday since neo-physics and biology have begun to teach the equal immeasurability of the ultra-microscopic world. Picture the abysmal vastness of a cell with its multitude of atoms—the number of electrons of which are known to determine the chemical properties! Such is the cell of the ultra-microscopists and biologists—what concerns us more immediately from the standpoint of diagnosis and therapeutics is its environment, particularly as regards parasitism. One would perhaps, naturally consider that, since for aeons of time, cells have been subjected to the stress of bacterial parasitism they had perforce become habituated to this relationship and that the condition was one of facultative if not of obligate symbiosis. To those who hold tenaciously to this view it may not be amiss to say that whereas most dogs habitually harbor fleas and whereas

Swift's humorous aphorism that such "fleas have smaller fleas to bite 'em, and so proceed ad infinitum" has been admitted as actual truth; still for all, modern hygiene has proved that the flealess dog as well as the parasiteless flea are better dogs and better fleas than those which act as hosts. Soldiers on the march have been since Chaldean days considered as essentially and necessarily lousy, but today the de-loused army wins. Is not the problem largely a question of the size of the parasite and the discomfort it causes the host? It is to the great credit of science to have proven the fallacy of the beneficence of symbiosis. No such thing exists; the frail mistletoe saps the oak. All symbiosis is a damaging parasitism and twin beds is the demand of nature from the amoeba to man.

Lest these homely aphorisms be misunderstood, let it be agreed that while, doubtless the somatic cells have a natural life limit, it is probably proven that bacterial infection shortens cell life. It produces senescence and premature death in the adult organism.

Preventive surgery by eliminating focal infections offers a means for further lowering the parasite co-efficient in the human race by eradicating the painless parasites. Parasitism is common throughout nature and almost universal among the vertebrates. Man alone has the greatest faculty for freeing himself from parasites—though many vertebrates as the hen in her dust bath make great efforts to rid themselves from the larger forms. This is obviously because they cause pain.

Preventive surgery simply carries us a step further in this eliminating process—we are no longer lousy—the gross parasitism of both inner and outer surfaces of the body has practically ceased among the white race. The yellow races still harbor many of the worms and other larger and more easily seen parasites. Here among us, the amoebae and flagellate infusoria are still common, while the enteric bacteria are still looked upon generally as actually useful. This attitude of complaisance toward parasites explains the erroneous view that it is normal and natural for us to harbor the colon bacillus and streptococcus. So strong was this feeling ten years ago that when Satterlee first advised giving autogenous vaccines to eradicate them he was looked upon as unbalanced and ultra-scientific. Cotton, when he first called attention to the now

recognized close relationship between focal infections and the so-called functional psychoses, was denounced as a dangerous radical. This conflict between progress and slack is inevitable and the conservative, even if bitter, is not blamable as his viewpoint is hereditary, crystallized and immutable.

In order to follow the history of the events which are leading to the development of Preventive Surgery, it is necessary to consider in some detail the interesting problems which surround the important matter of subjective symptoms. Aside from disability, these are all embraced in the one single word "pain." Let it not be said of any of us that we have permitted the psychiatrists to take entirely to their own abstruse and metaphysical purposes the great principle of the essentially protective nature of all symptoms. For we can see protection on every hand. It is the physiologic reaction of the sick organism to the injuries of infection or to malformation which causes the beneficent symptom of pain which we have been wont in the past to impair by meddlesome treatment. Fever, most valuable of all, renders the body a less fit field for the growth of pathogenic organisms which after millions of years of parasitism upon man at 37 C cannot well reproduce at a higher temperature. Man, structurally dates back fully 100 million years. Conklin considers that mentally and physically he has passed the evolutionary apex, that we are not equal to the Greeks and that further development must be social. Is it not, therefore, natural that his habits of thought and action are apt to be fixed and that great effort is necessary to achieve even slight progress! Vomiting and diarrhoea and undoubtedly constipation are likewise primarily protective. It is the **abuse** of protection which is detrimental. Pain is the very essence of protection, among the best examples being abdominal rigidity and the loss of the de-sensitized eye by continued unrecognized injuries after resection of the fifth nerve. This used to be considered "trophic." It is now known to be infectious. Pain is the background upon which the great science of general surgery has been built. "I operate for pain" is the forceful and well-known slogan of one of the greatest general surgeons of this country.

The Neanderthal and Cro-Magnon remains of man show that he has had pains

and pain reflexes much as we feel them today for more than a million years, therefore, pain naturally seems an infallible index of health or disease. It is an inherent habit in us to believe in it and this, in spite of the now well-known fallibility of the pain reaction. It occurs only after traumatism or in the course of acute inflammation. It is not present in focal infections. Personally, I have found it difficult to get away from old traditions and teachings that an organ or a region requiring operative intervention must needs show inflammatory reaction and cause to the patient **pain**. Yet, the modern viewpoint and above all the brilliant researches of Rosenau regarding the specificity of infection render open-mindedness obligate and adaptivity to the newly recognized order of things necessary to surgical progress.

If you are willing to accept the foregoing premises as essentially correct, it will be possible to make some interesting and valuable deductions as to future action.

As pediatricians you have the privilege, also the responsibility, of studying and treating youth—youth in the individual and in the cell. The rest of the profession toils over patients and cells in maturity or too often in senescence. It is said, and rightly, that your researches in the field of bio-chemistry and metabolism have been the most erudite and most fruitful of all. You seem to me the natural and logical colleague of the progressive preventive surgeon.

Look at surgery today—is there a surgeon who does not daily lament at being condemned to toil painfully and often unsuccessfully to resurrect tissues damaged beyond repair! The abdomen of the chronic intestinal invalid of 30 is more senile in its pathology than is the belly of a healthy octogenarian! In this wonder age of getting together, cannot the pediatrician with his supreme knowledge of bio-chemistry and pathological physiology comprising childhood pathology join hands with the preventive surgeon and by a synthesis of their sciences and a practical use of their knowledge put at least a partial stop to the rampant progress of focal infections! These alone are responsible for most chronic invalidism and for the premature senescence and decay so often seen in late adolescence.

The following histories of cases from the writer's private files and from those of the State Hospital at Trenton, bear

upon many of the problems of preventive surgery:

Case No. 1.—J. M., age 8, referred by Dr. Drake, Idylease Inn, Nefoundland, New Jersey, who furnished the following interesting history:

On the father's side, a race of tall, thin, underweight people, affected with indigestion for 2 or 3 past generations. The child was normal until 18 months of age, when he had a very severe stomach upset, vomiting about every 15 minutes for 2 days. The attending physician called it gastritis. These attacks were frequent until the 6th year, when they ceased. He had all of the children's diseases, without sequel. He was also constipated, always belching gas, no blood, mucus or diarrhoea, appetite always fitful. It was necessary to take him from school because of "nervousness." He shunned everything that required physical effort, had morbid fears and an uncontrollable temper. Recently he told his mother that for a year he had feared that he would kill himself if he had a sharp knife, also felt that if he went out in a canoe he would be impelled to throw himself overboard and be drowned. At one time he threatened to shoot his father with an air rifle, which had to be taken from him forcibly. He had nocturnal incontinence of urine for the last 2 years.

Finally, in the fall of 1919, the patient became so un-cooperative, excitable and morose that it was impossible for him to continue in attendance at school. His 3 brothers and sisters were perfectly normal, healthy children, but he could not get on with them and it had become a great problem what to do with him. At this time he never had a movement of the bowel without taking a strong purgative—he had had so-called bilious attacks all his life. His mother devoted as much time as she could spare to the preparation of special foods, otherwise he would not eat at all. He quarrelled constantly. As time went on he became emaciated, complained of constant headache, increasing constipation and backache. He was distinctly violent, sulky, depressed, and, in spite of his youth, suicidal. His physical examination revealed nothing of importance save emaciation, tenderness and crepitation in the right side of the abdomen. The urine was scant, 1033, albumin in large amounts, granular and hyaline casts. For some time he had received the most favorable sanitarium care,

under Dr. Drake, with hydrotherapy and careful dietary and hygienic regulation, and not only without improvement, but with evident increase of subjective and objective symptoms. X-ray on November 1, 1919, showed that there was a very large 6-hour residue in the stomach, and a dilated rectum. Wassermann was negative, the blood examination normal.

Operation. — January 6, 1920. Right transrectus incision; gall-bladder and stomach normal, unusual degree of involvement of the mesenteric glands, particularly around the ileo-colic and right colic vessels. The appendix was large, thickened, and evidently the seat of prolonged proliferative disease. The cecum was dilated and in spite of most careful pre-operative preparation, was filled with semi-fluid contents—it was bound down to the right abdominal gutter by a contracted and very dense pericolic membrane. The terminal ileum was involved in the continuation of this band, at which point it was partially obstructed, and oral to which it was filled with dark fluid contents—a very certain indication of trouble.

Although it was evident that a large part at least of the trouble had been caused primarily by the appendix, the influence of this organ was apparently at an end, as it had undergone much sclerotic change, and infection had been transmitted from it to the cecum and ascending colon and terminal ileum. This portion of the bowel therefore, from the middle of the transverse colon, including 25 cms. of the terminal ileum, was removed by bloc dissection and the continuity of the bowel lumen restored by lateral anastomosis, the arrangement of the infolded bowel ends being heterostaltic. Usual closure; no post-operative reaction.

Pathological examination showed extensive destruction of the muscular and epithelial coats, with ulceration of the cecum.

The urine became normal in 3 days, showing that the toxin specific to the kidney had been removed, and the bowels have functionated normally without any medication since then, a result usually to be expected after colonic resection, particularly in children. Much more important, and more difficult to explain, however, has been the change in the personality and temperament of this child—the irritability and all other evidences of abnormal physiology disappeared, and the

child's real nature came back. He was able to return to school, and to date he has remained perfectly normal. Great physical improvement has gone hand in hand with the complete change in personality.

In his Van Uxem lectures, delivered at Princeton this spring, Cotton called attention to the problem of the defective type, noting that Schlapp and others have devised a classification based upon the pathological conditions found. First, is a formative class; second, functional; and third, traumatic. In the first, the brain is not normally developed; in the second, although it is normally developed, so far as morphology goes, it is incapable of responding in a normal manner to the usual stimuli; the third class comprises those in which the brain has been injured in childhood, as by meningitis, birth trauma, hemorrhage, et cetera. Continuing, Cotton says that little can be done for the first or for the third class, but that in the functional class, which is well represented in the case above reported, there is great opportunity for successful treatment. It is evident, from a study of the surgical pathology as well as the condition of this and other patients belonging to this type, after operation, that the personality disturbances are entirely due to the absorption of toxins from a diseased bowel segment. Of course it is to be understood that all other sources of infection, found in the tonsils, teeth, et cetera, are to be removed before laparotomy is even thought of. Moreover, it does not require lengthy consideration of the personality changes, the physical decrepitude, and the palpable and evident surgical pathology always to be found in this type, that without detoxication by preventive surgery, the individuals comprising it would necessarily go on to a life of delinquency and defectivism.

Case No. 2.—J. B., 6 years of age. Normal until 2 years of age, when he became restless and unmanageable, so that his mother could not leave him out of sight. The symptoms increased as he grew older, and he had occasional convulsions. Finally, he went to school, but was unable to remain. He was purposeless, refused to make any effort, either mentally or physically, and could not be made to obey. He was a disturbing factor in school, and had to be removed,—was destructive and silly. He presented marked

hyperactivity, of a purely purposeless type—unless watched attentively, he would crawl over any large article of furniture in the room, notably desks, and throw the contents on the floor. By the time he was 5 years old, the convulsive seizures were more frequent, but the mother had found that if she wished to take him anywhere, she could be certain of preventing them by giving him an enema.

A thorough examination showed that there was no focal infection anywhere, except in the abdomen. Fractional examination of the stomach showed a very low hydrochloric acid content, and the presence of streptococci and colon bacilli. X-ray examination showed no 6-hour delay in the stomach, but persistent evidence throughout the series, of fixed deformity at the hepatic flexure. The mental condition, and the uncontrollable, purposeless activity was such as to make a physical examination of the abdomen of doubtful value. There was evidence of right-sided rigidity and splashing. The constipation, which had begun about 4 years ago—evidently at the time of the contraction of the pericolic membrane—had grown very much worse, so that the child's bowels never moved except after purgation or enemas.

Operation. — November 6, 1918: Right transrectus incision. The terminal ileum was fast. On lifting the ceco-colon, a recurrent loop of terminal ileum was seen to pass directly dorsad to the large bowel. Some further dissection showed that this ileac loop extended upward as far as the liver, at which point it was tightly bound to the abdominal wall (posteriorly). This suspending band was quite dense. After it was cut, the ileac loop was removed from its retrocolic position, after the separation of some lateral attachments. **Gland Involvement.**—The entire mesentery of this recurrent loop was studded with enlarged glands. That of the ceco-colon was also involved, and as usual, the maximum involvement was directly opposite the ileo-sphincteric region. Usual developmental reconstruction (resection of right side of colon and terminal ileum (with heterostaltic lateral anastomosis)). The entire right side of the colon, from mid-transverse to and including 20 cm. terminal ileum removed. Very moderate post-operative reaction—small stitch abscess.

The improvement in this patient did

not come at once, but before he sat up in bed, it was possible to leave him alone for some minutes at a time, something which had been unheard of before. Within 3 months, however, his personality had practically returned to normal, and the purposeless physical activity had ceased to such a degree that he was no longer a burden to his mother. Along with mental improvement, came co-ordinate physical gains, so that within a year the child, who had been much under par, was slightly above average weight and seize for his age. The principal of the school which he attends, reported 2 years later that he regarded the child as fully equal to the average normal. Whatever the future outcome of this case, it is evident that the removal of the local focus in the bowel was responsible for his improvement in physique and personality.

Pathological examination showed extensive folliculitis around the ileo-cecal sphincter, with ulceration of the cecum and ascending colon; marked destruction of the epithelial and muscular coats.

Case No. 3.—J. W. D., age 8 years: Thin emaciated child since the 3rd year. Occasional "bilious attacks"; very fussy about eating. Constipated; irritable, mentality normal, but easily upset when pushed at all, especially at school. Distinct change of personality in last three years. Often complained of abdominal pains, supposed to be indigestion. Very indolent about doing any physical work. Complained of backache; was occasionally thrashed for indolence, under the erroneous impression that he was competent, but lazy. Was under the care of prominent pediatricians for over a year, who after extensive studies, diagnosed the condition as "pancreatic insufficiency." Was put on diet for this; no improvement; progressive deterioration, particularly in personality.

At 2 A. M. awoke with abdominal pain; right-sided rigidity. Was seen by prominent surgeon, who said it was indigestion. The following night the child had projectile vomiting; subnormal temperature; rapidly rising pulse, above 130. Immediate operation, October, 1913. Acute appendix removed. Result: Complete change in physical condition, and restoration of normal personality.

Case No. —T. P. D., age 7 years: Unusually robust, healthy child, until 2 years ago. Gradual onset of "bilious attacks," and of nervous irritability. Complained

of occasional nausea, but no abdominal pain. Unusually bright, but unable to concentrate enough to keep up with his grade in school; cried at the slightest provocation. No diagnosis made. **Onset** of acute condition: severe pain, strictly localized to left side of abdomen, accompanied by extensive rectal hemorrhage; brown to black. **Diagnosis:** Colitis. Two days later, the right side of the abdomen became involved, and exploration was determined upon. Appendix removed; congested; filled with blood; hemolytic streptococcus. Restoration to normal in five days. Physical and personality conditions, normal for past two years.

Case No. 5.—D. S., 9 years: This history is of very great interest because it illustrates what a large amount of systemic pathology may arise in youth from an appendix, which, in itself shows little or no pathological change. Early childhood was uneventful except for constant recurrence of so-called "bilious" attacks, many of them not at all severe in character. She had regurgitated from the time she was born, vomited during the breast nursing, and had loose green stools—she was weaned at 6 months, and had constant fermentation and diarrhoea. After a year she became very constipated, requiring constant catharsis, and had no appetite. She could not walk until she was 2 years old, had convulsions when she was 3, sore throats and irregular temperature. At the age of 8 she had her ear opened, for middle ear trouble, and made an uneventful recovery. The same year, her infected tonsils were removed by Dr. Pope, but notwithstanding this, there was noticed an increase in mental and physical apathy, coupled with frequent irascibility and general instability of purpose during the year. In other words, the child's personality had changed distinctly from the time she was 5. The attack which finally attracted our attention to the appendix occurred early in December, 1920. Like many others, it was supposed to have been due to dietary indiscretion but on careful inquiry, it was found that the so-called dietary indiscretion had occurred 4 days before the attack—this shows the danger of these baseless assumptions. Her attendant stated that her right side had been tender for several days, that her bowels had been normal for the past 10 days, and that she re-

cently received castor oil, with good result.

Physical Examination.—The teeth, throat and lungs were normal; the heart remained very constantly at 120, even during the periods of mental and physical quiet, presented marked galloping rhythm; pulse was full, short and compressible, and superficial abdominal reflexes were greatly increased on the right side. There was deep rigidity and spasm on pressure on the right lower quadrant and she could not flex the right leg without pain. The rectum was negative, the knee jerks much reduced to absent.

Findings by Dr. Satterlee.—The history and physical examination point to a recurrent appendicitis.

Operation, December 4, 1920. — Outer right rectus incision. The 11th nerve found and saved. Cecum of good size, appendix coiled and not in an acute condition. There was a band extending from about its center to the ileum—quite dense for patient's age. It was beginning to make traction and angulation of the terminal ileum. It was easy to see, with the increasing contraction of this band, that there would have been serious difficulty with the terminal ileum, and I feel sure that this condition was in part responsible for the 6-hour gastric delay found on x-ray study. Just at the base of the appendicular mesentery, close to the attachment of the appendix to the cecum, was a gland quite solid and the size of a small bean. The appendix was freed from the limiting bands, all of which, with the exception of the one above referred to as beginning to constrict it, were of congenital origin and were still vascularized. Quite a bare area resulted from the separation and liberation of the appendix from its bed—this was covered. Usual ligation, removal and inversion. When the cecum was lifted up, in the course of covering the defect, four more glands were found (size of marrowfat peas) further down in the mesentery. The pelvic organs, gall-bladder and pylorus felt normal. Usual closure.

Pathological Examination. — Showed very little change, other than slight increase in round cell infiltration.

The heart continued in a galloping rhythm, varying from 118 to 128, for 3 days, when it subsided to normal. The temperature was at no time elevated more than a degree.

Within a month this child's personality had changed to that of a normal child—

she was no longer morose and irritable, but sunny and interested in her environment. She had lost some of the unhealthy looking fat, and her skin, from having been dry and covered with a fine white exfoliation, was becoming moist and normal. This undoubtedly was due to an improvement in the action of the glands of internal secretion, notably the thyroid, which are undoubtedly extensively inhibited or exhausted by the toxemia of focal infections.

This case is of importance, as noted, because it illustrates the pertinence in preventive medicine and surgery, of the writings of Haldane and Conklin, who have repeatedly asserted that the greatest possible changes can take place in the function of an organ long before its cells show morphological changes. This viewpoint is supported by the presence in the mesentery of large, discreet, and relatively recently enlarged lymph glands. These glands were not cultured in this particular case, but it is well known that if cultured, streptococci and colon bacilli in abundance can be derived from them. We may also learn from this case, the necessity for recognizing a chronic appendix in childhood, and removing it before it has either come to an acute condition, usually but erroneously called "primary acute appendicitis," or becoming sclerosed, has continued as a subacute local focus, to pour out damaging doses of bacteria and toxins, with resultant involvement and permanent damage to the entire right side of the abdomen. For it is perfectly evident, not only from a careful study of surgical pathology, but from a painstaking analysis of the childhood history of adult chronic intestinal invalids, that if the subacute inflammation of the appendix had been recognized, and the organ removed during childhood, the lamentable secondary conditions, such as duodenal ulceration, infections of the gall-bladder, and chronic right-sided colitis would not have occurred.

Case No. 6.—Name, A. A.

Summary by Dr. Ebaugh: "Manic Episodes—or constitutional defective."

Admitted January 21, 1921. First admission: Psychosis in a young white female, age 12, single. Catholic, pupil. Admission note: Admitted on regular indigent papers, January 21st. Somewhat overtalkative and overactive. Kept mute—uncommunicative. Taken to the ward with little resistance.

Family History.—Negative.

Personal History. — Born August or September, 1909, in Italy. Normal birth. Said to have been healthy when a child. Came to the United States 7 years ago, and has always resided in Trenton. Had no diseases since being in U. S. Diseases in Italy undetermined. She has been attending school six years and is in the fourth grade. Is backward in her studies and was held back two years. Life-long constipation.

Present Illness. — Father states that in September, 1920, she had a spell similar to the present one but not so severe; that about three weeks ago she began to lose her appetite and he was compelled to force her to eat. She became disobedient and irritable. It was stated by the principal of her school that she was wild and that her mind was deranged periodically. During examination she is quiet, has a somewhat dull expression of the eyes, smiles and grimaces in a silly manner, ver distractable, has many gestures representing mannerisms, is not especially interested in examination, although does what she is told. Conversation is at times quite irrelevant and her statements are not to be relied upon as her answers are varied easily by suggestion. There is some indistinctness of speech.

Physical Examination. — Very well nourished young girl. Glands at the angle of the jaw are enlarged on both sides. Heart negative. B. P. 100/70. Marked infection of tonsils; they are especially enlarged on the left side. Respiration prolonged; breathing tubular quality. Abdomen slightly distended. Teeth are in fair condition. Laboratory findings: Blood negative, Urine, sp. gr. 1020. Acid reaction. Urates present. Albumin and sugar negative. Leucocytes and epithelium present. Vaccines started 2/25/21 — B. Neapolitanus strep. fecalis. Stomach HCL medium. Smear G. P. B. B. Neapolitanus in tube 2. B. Neapolitanus and Strepto. Fecalis in tubes 5 and 7. Duod. negative.

Mental Status. — Patient presents no striking oddities of general behavior. At times she has tendency to episodic outbursts of overtalkativeness, laughing and crying, these however are very transient. She co-operates well with ward routine. Readily adapted herself to her environment. Usually showed normal childish behavior. Flow of talk and activity—some retardation present. No mood distortion. No abnormal mental trend elicited.

Mental organization seemed somewhat impaired signifying that patient is mentally retarded for several years. Otherwise no mental examination completed.

Diagnosis. — Mental retardation on physical basis, with emotional instability.

Blood Count, May 11, 1921.—Haemo. 80%; W. B. C., 5,200; R. B. C., 5,530,000; Poly., 35%; Lymph., 62; Trans., 1; Bas., 1; Eosin., 1.

Sigmoidectomy and appendectomy performed May 24, 1921. On account of the x-ray findings, mid-line incision was made with a view to resecting the sigmoid. The appendix was clinically the seat of productive inflammation and stood erect in a curved position at right angles to the bowel; it was removed by the usual technique. The gall-bladder and ducts felt normal. No adhesions. The right colon was dilated and at the point indicated in the x-rays, there was a considerably contracted pericolic membrane. The cecum was quite full, but not distended, with soft fecal material. There were a large number of glands on this side, one of which was removed from the region of the right colic artery. The transverse colon was somewhat longer than usual, but its mesentery contained few if any glands.

The sigmoid lay deep in the pelvis, the aboral portion being very much dilated. On lifting it up, fine adhesions that seemed to be caused by a peculiar overcasting of the omentum were felt to give away. On examining this area, it was found that a portion of the omentum or omental-like structure of peculiar arrangement had matted the sigmoid together lying on the outer fold of the mesentery.

The sigmoid was certainly more than twice the normal length and it and the first portion of the rectum were filled with semi-solid feces. On lifting the oral portion of the sigmoid preparatory to resecting it, the fold of the omental-like tissue was so peculiarly arranged as to form a funnel. This had no particular significance except to show the peculiarity of the arrangement. By the time the adhesions were freed, sufficiently to liberate the bowel, there was such an extensive raw area upon the outer aspect of the mesentery that it would have been impossible to prevent the recurrence of obstructing adhesions in anyway except

by a resection. No glands were found in this mesentery. The left ovary lay in a position as though its descent was somewhat incomplete or as though the adhesions might in some way have interfered with the descent. The uterus was extremely small, although there was beginning evidence of Graafian follicles on the left ovary. The right ovary was pale, opalescent. No signs of follicles.

The usual heterostalic lateral anastomosis was performed; removal of the entire sigmoid and appendectomy. Rectal sphincters found to be extremely tight; both sphincters cut posteriorly.

Patient quiet and co-operative since operation. No reaction. Bowels moved normally on 4th day. No constipation since.

Pathology. — Specimen consists of 5 inches of sigmoid. Upon opening it was found about normal in thickness. No apparent change in rugae. There was a small area showing folliculitis, otherwise no gross changes visible. No enlarged glands.

Cultures.—One gland taken during operation—negative. Cultures from appendix show *B. Communis* and *B. Aerogenes* or *B. Cloacae*.

Microscopic Examination. — The mucosa appears of normal thickness, but slight flattening of the epithelium. The tubular glands are swollen and filled with mucous, while some show exfoliation of lining epithelium almost filling the lumen of the glands. The lymph nodules are hyperplastic and the mucosa over these shows round cell infiltration. The submucosa appears thickened, blood vessels engorged and their walls hypertrophied and infiltrated with leucocytes. The muscular coats are apparently normal. The general appearance suggests a subacute condition.

Bacteria.—There are many Gram negative bacilli lying along the edge of the mucosa and a **few found to have penetrated this coat, lying in tissue between the glands.** One clump found in which a few bacilli appear surrounded by many granules which suggest disintegrating bacilli of various forms together with cocci, these found throughout mucosa and a few have penetrated the submucosa. A number of these cocci appear in diplo form.

This patient showed the usual inversion of the blood count, a characteristic accompaniment of chronic focal infection.

The low polymorphonuclear count is an indication for surgical caution, but by no means a contra-indication for surgical intervention. It disappears after the patient is detoxicated,—the ratio of polymorphonuclear cells to lymphocytes becoming normal—only to reappear, together with other symptoms, if all the infecting local foci have not been thoroughly eradicated. It is a usual accompaniment of low systolic blood pressure.

Whatever the final answer to the moot question of the inheritance of abnormal traits, without corresponding abnormality of brain structure—(and I agree with those who hold this to be impossible), it is certain that this child had a congenital obstructive abnormality of the colon, which probably caused the absorption of quite enough toxins to account for her irritability and change of personality. These were simply symptoms occurring in a patient who, on proper examination, gave abundant evidence of an extensive abdominal surgical lesion. Of what use is it to argue as to cause and effect, particularly in this type, which, as is generally known, tends to spontaneous recovery, often followed by recurrence. It is very evident, at any rate, that just because patients are depressed, hallucinatory, un-cooperative, delusional, or even if they have undergone extensive changes in personality, which we used to be willing to regard offhand as permanent, they should not be denied a proper and thorough physical examination. The mere classification of their mental abnormalities is of as little use as other classifications, unless it leads to an interpretation or explanation of the cause. It cannot be said too strongly that, particularly among the mentally afflicted, careful physical examination is an inalienable right, for the time has passed when any man, woman or child, because of an acute psychosis, should be locked up without it. Final proof as to the efficacy of surgical treatment as regards restoration of the personality to normal, can be obtained only by painstaking review of a large number of post-operative cases, extending over a long period of time. Childhood and the young cells of the child, furnish the most promising field for this far-reaching, and important research.

9 East 40th Street, N. Y. City.

THE TOXIC THYROID.

ITS TREATMENT UNDER ETHER-OIL-COLONIC ANESTHESIA.

By **Gordon K. Dickinson, M.D.,**

Jersey City, N. J.

Little things in sanitation lead to health; in medicine they may save the hundredth man. The cemetery of surgery is full of neglected detail. Clear thinking in accurate diction is to truth as the rising sun. The nomenclature of diseases in a dead language is but a "proprietary" name. Pathology resides in all tissues. Few have symptoms. "Thyrotoxic goitre" is an incomplete and incompetent term, although a serviceable tag. The name of this condition is its definition in **physiological** terms: "over-active thyroid with a perverted secretion, an over-active adrenal, excessive formation of glycogen and a psyche." All are as one. The thyroid and the psyche are more evident, hence the various cognomens. All four of these tissues must be carefully considered to reap the greatest fortune in therapy. We do not think of the liver or adrenals, but focus on the mystical thyroid and many ignore the psyche.

The little things in life are our most trustworthy indications. **Why** does the adrenal man push away all the table appointments near him when he sits down to eat? **Why** is it discourteous to pass in front of a person? **Why** does a bed facing a close-to wall annoy the sick? **Why** do the ailing feel disturbed when some one stands at the foot of the bed? There is affront in all these little acts, while slapping a man on the back is a most kindly greeting.

The earliest path made into the mind by our perceptions was through fear. Communal life—the great struggle—varies it to jealousy, and this path is never closed. The sick, the weary, the worried are the most sensitive, and more ready for protection and coddling. The toxic goitre may turn an emotion into a panic. Thyrotoxicemia is chronic fear, waiting for the touch, and a little may suffice to make the thyroid metabolize, the adrenal energize, and the liver feed. Knowledge of one's condition, that an operation is indicated and preparations being made for same, may be the last strain, where ignorance of plans and the gentle-voiced nurse are the all.

When we began in surgery, a goodly

number of years ago, the four strongest men in the hospital were assigned to the limbs, and "yours truly" held the cone. It was soaked with ether and pushed to the face. There was intense fright, struggling, and an effort to throw off those who held them down. Sometimes the patients were successful, making us run for our lives into closets, up to the roof or down the street. The pathway to the psyche was strongly stimulated and its ever-ready organs of reciprocation, the thyroid, adrenals and liver, responded.

We have the Mayos to thank for teaching the best technique to every young surgeon in the land, and we have Crile to thank for his preaching that a true surgeon must consider the psyche, that the best interest of the patient aside from the operation is in developing a sense of innate tenderness. This is the anoci association which he has given us with reiteration. No more important factor has been developed and instilled into surgery than this. Well we recollect the mental effect of watching Orth handle a brain as with affection! There are few Criles in the country and few Lakeside Hospitals, and many surgeons are not intellectually, or, we may say, morally adapted to carry out the details of the anoci, and sad it is there are some hospitals not sufficiently co-operative to aid in the same.

When Gwathmey conceived the idea of rectal anesthesia he gave us a substitute which may prove of immense value to those who feel called upon to do thyroid work or surgery with those easily affected by fear. Founded on the important fact that ether evaporates from a solution of oil with mathematical precision, not varying in quantity or time, he has discovered a method which seems eminently safe. As no method is fool-proof, so this should be given with discretion.

The whole history of ether anesthesia is based upon the inhalation method. What we know is ether plus such irritating affect as it may have upon the lung and its reflexes. Under the new method, the patient enters the hospital, is placed in a quiet room, visitations reduced, carbohydrate diet instituted, water liberally given, and a kindly nurse familiar with the method put in charge. The man is given to understand that he is to receive the treatment most beneficial to him. Every day he is placed in the Sims position, the room darkened, and a hypoder-

mic of water administered. In half an hour a catheter is introduced into the rectum and a few ounces of water thrown in, the catheter being allowed to remain in with the clip attached. After this has been done for several days, instead of the water enema, 2 drams of paraldehyde and the same amount of ether are introduced. A half hour later a hypodermic of morphine-atropin is administered, and in another half hour 65% ether and olive oil are allowed to run in at the rate of an ounce a minute until six, or not more than eight, ounces are introduced, the catheter being allowed to remain in with a clip. In three minutes there is the odor of ether on the patient's breath and he demonstrates all the signs of somnolence, dropping gradually and smoothly into the most delightful slumber, during all this time not the least conscious of any variation from the usual routine.

To any one who has witnessed anesthesia by the inhalation method, then watches the most delightful, childlike slumber of the person under rectal anesthesia, there will be a great and comforting surprise. The cone to the face, even with gasoxygen, is an affront. Those who prefer local anesthesia also give affront by their presence and manipulation, but the surgeon who quietly steals up behind and induces anesthesia per anum does not in any way disturb the psyche, and the chain of reactions so detrimental are not instituted.

Let us never fail to recognize the importance of little things, that truth may be hidden by convention, and that to insult a tissue in rudeness is to affront the higher centres.

"Truth forever on the scaffold,
Wrong forever on the throne,
Yet that scaffold sways the future
And behind the dim Unknown
Standeth God within the shadow
Keeping watch above His own."

Lowell.

PRESIDENTIAL ADDRESS.

By H. W. Kice, M.D.,

President of the Tri-County Medical Society,
Meeting in the Elks' Club, Dover, N. J.,
October 11, 1921.

There are matters of interest to the medical profession that are neither medical nor surgical. In view of the fact that this Society is especially favored in having a number of men today ("the latchet

of whose shoes I am unworthy to loose"). Men who stand high in the ranks of the profession, I have thought it wiser as the president of the Society to avoid the subject of medicine or surgery as such, and to tell you that there are other matters that are demanding the attention of medical men.

The human family can best be served through education and just laws. If it be true, as one writer has said, that 2% only of the human family do real thinking, then it is not difficult to understand how discouraging the problem of educating the people. And when our legislators, or a goodly percentage, are but little above the average in intelligence, it is quite difficult to enact just laws for the benefit of the people. Especially is this true when the game of corrupt politics is played and our representatives are not honest. While it is true that the profession has been and is a powerful factor in the advancement and uplift of the human race, we are much to blame for many of the conditions that still confront us at the present day.

Like the cry of old—"Come over into Macedonia and help us", so there comes today the cry of the need of the physician. And while there is a dirth of doctors in the cities, the cry comes mostly from the country. We have constantly an increase of more lawyers, more preachers, more teachers, more baseball players, more tax collectors and more of most everything except bartenders, and yet with more aches and pains with a greater need, we have fewer doctors. Statistics tell us that in 1904 there were 160 medical colleges in the United States and 23,662 students. In 1919 (15 years later) there were 85 medical colleges and 12,255 students. This backward stride is startling, especially when we note the increase in the population.

Four years of high school, two years in a college of arts and sciences, four years in a medical school and one year in a hospital as intern.

While we are not making a plea for a lower standard, nevertheless, the higher requirements is one factor that is responsible for the fewer physicians. And this diminished output of practitioners is keenly felt, and naturally the first place to suffer was the country.

Now the question may be asked, What has brought about this change, and this scarcity in the medical profession? It

was done (we are told) largely by the A. M. A. at Chicago. This is a powerful organization of a very efficient kind, and in its persistent efforts to raise the standard of the profession it has reduced the recruiting to an alarming degree. Such comments are coming from the daily press. We find also in the criticisms that it is well that the A. M. A. give us better doctors, for the good health of its citizens is the most valuable asset of any country. The reform has been brought about too abruptly, perhaps. There is a point somewhere in the improvement of the profession beyond which it is not safe to go. If the difficulty of getting a license to practice were made twice as hard as it is now, what would be the consequence? We don't want incapable doctors but we certainly want doctors.

When a young man has spent ten to fifteen years in getting his preparedness, what should be his remuneration? You have doubtless heard of the man who was in Dover late one night, and he wanted to go to his home in Longwood Valley, a distance of some seven miles, he goes to the doctor, the doctor thinking he had a sick call, drives up to the Valley, takes the man with him. At the end of the journey, the man said, "What do you charge a visit up here," and the doctor replied "\$3.00." And as he paid it he remarked "that the livery wanted \$5.00."

The old-fashioned doctor is going and he is not being replaced entirely. The cost of a medical education excludes the poor country boy and the young doctor of means is not willing to go to the country. Doctors are scarcer in the cities. The new graduate with the knowledge he has laboriously acquired, knowledge of modern appliance, such as x-ray, the laboratory, the electrical appliances, wants to use this knowledge and he picks the field most lucrative. Therefore, there comes the cry from different states in our Union that we must have doctors. And the question is asked, "What is to be done to help the country in this present emergency?" That is a question that is exercising many minds and causing a great deal of worry. The country doctor of the old school is passing away, and the mills are not turning out any more.

Still there are causes other than those mentioned that are factors in discouraging the new doctor in considering a country practice. I mentioned the subject of the country doctor to a member of the

profession only a few days ago, and he replied, "Yes, they would employ the country doctor in an emergency," if you were in the town.

Today, we are told, that the world is eleven times nearer than a few years ago. And so the country is nearer the town. With the telephone you can call up a doctor ten miles away, and with good roads and an automobile, the town doctor could be at the patient's bedside inside a half hour, which almost eliminates distance or Doctor of Drumtochy on his old grey horse. Then with the 'phone and good roads, the town doctor is called into the country to see the patients that are next door neighbors to Dr. Jones, who is a country doctor. Furthermore, the people who reside in the country get into their automobiles and run into the town, and see the town doctor or consult the many specialists, and the country doctor attends to emergencies or night calls, for which he gets but little remuneration.

There is another factor which must not be overlooked.¹ There are thousands engaged in the healing art who have no connection with the medical profession. I mean Chiropractors, Osteopaths, Christian Scientists, etc. Be not deceived, the keeping down of the number of medical students has depleted the small towns of physicians. It has also assisted the non-medical practitioners in establishing themselves. In this town (Dover) there are as many non-medical practitioners as there are regular. And every doctor has become painfully acquainted with this fact, that the friends in whom he had trusted had gone to non-medical men and had a dislocated vertebra reduced. He has seen them with a twenty-five trip ticket when the same patient would not visit his office three times.

We are inclined to boast of the education of our people. Are they any better educated in the healing art than they were one hundred or one thousand years ago? In view of such facts, as the higher requirements for medical education, the better establishment of the non-medical class. The ignorant party whom we call educated, the law-makers at Trenton (or many who pass laws lowering the standard of education) and the doctors who give little heed to matters outside of their practice. Such are the factors that are responsible for the passing of the country doctor.

DID THE EXPERIENCE AND TRAINING OF THE PHYSICIAN IN THE LATE WAR PROVE A BENEFIT TO HIM?*

By **Augustus L. L. Baker, M. D.,**

Dover, N. J.

This is a subject which we, while in war service, pondered over at length and since, in our reminiscent moods, have viewed from a more impartial standpoint. To me it appears under three divisions: Professionally, Financially and Physically.

Professionally, this may be answered "yes" and "no." Some were immensely benefited while others were just the opposite. To the man who went in early and who had had some special training, was given the chance to use his knowledge or given a course in his particular line which amounted to a post-graduate course in his specialty. Those who came in later were just medical officers to the great war machine and were treated as such, much to their detriment and the medical service as a whole. The problem of looking up each man's professional standing and ability would take too long, so that if five or ten medical officers were wanted in any outfit they were selected according to the place their names held on the list, regardless of what they were in civilian life. I have seen a gynecologist doing physical examinations for tuberculosis, a roentologist as a battalion surgeon and an obstetrician as a captain of an animal drawn Ambulance Company, while the director of the Ambulance Companies and ranking as a major was a general practitioner from a small town in Louisiana. These men were entirely out of touch with their specialty and were deteriorating while doing the work that any medical man or interne fresh from a hospital could do. A few were fortunate enough to be assigned to hospitals where competent surgeons were in charge, and while working under these men, had a chance for improvement. At some places clinical material was abundant and if a man was not pushed too hard by the large number of casualties coming in from the front and making continual transferring necessary, he would be able to follow up his cases until their recovery. The nearer the front your particular hospital might

be, the less the chance of following the case after the first operation.

Financially, the army does **not** figure in a medical man's mind as being the most rapid road to wealth. The average physician is able to earn for his own and family's personal needs more than the first lieutenant in the army. I take his rating of \$166.67 plus \$36 for fuel, light and quarters, as the average, for about one-half of the officers were first lieutenants.

Physically the army is as beneficial to the officer as the private. No matter where one is, regularity tends toward health. To the medical man this regularity was a most complete change and many, since their discharge, have felt the importance of a regular meal time which before was only applied to their patient's welfare. In the army the officer obeyed the bugle and the will of his commanding officer. He arose, ate, worked, played and went to bed on a regular schedule which seldom varied and which no one attempted to vary to suit himself more than once.

Physical drills played another important part in the promotion of health. The fat man without doubt was benefited. I have seen men, at Plattsburg in 1916, at the line officers' school, take off 40 pounds and feel 100 per cent. better than when they arrived. Some of the men bought new suits before leaving camp because the ones they had worn on their arrival were so large that it was impossible to alter them to fit. It is my opinion that this was the general rule in all training camps; the over-stout were reduced and the under-weight man filled out and all felt better therefor.

The discipline was a valuable training to the doctor, who up to the time of his entering the army, recognized no will but his own, went and came as he pleased and expected those around him to do his bidding. The discipline, to this man, was extremely irksome at first. To stand at attention, to obey commands with a snap, to step off with his left foot and his compulsion to salute his superior officer, who may have been his junior in age and inferior in ability, made the self-satisfied doctor view life from a different angle, but in a short time he became one of the boys, fell in with the spirit and morale of the service and tried with all his might to "Carry On."

In closing, I would like to say that the

*Presidential Address at the Annual Meeting of the Morris County Medical Society, September 13, 1921.

only way to improve conditions for the professional man in the army is for him to accept a commission in the reserve. This would give the war department time to look up each man and give him the opportunity to follow up his specialty. Wars and dissensions have made the history of the world since its beginning and I do not think that this generation or the next will be able to stop them. Apparently the League of Nations has no power to prevent the wars now going on in Europe and Asia Minor. There may yet come the time for us to enter the lists again. Rather than the mad scramble to get in the service at the last moment and then yell that you are S. O. L. because you do not get the assignment and rank to which you think you are entitled, it would be better to accept a commission now, and let the War Department place you where your ability will count for the most efficiency in the next war and where you will not be completely out of touch with your specialty and profession.

AMERICAN MEDICAL SURVEY OF CHILD HEALTH IN GALICIA.*

By Leland Mitchell, M.D.,

Medical Director of the American Red Cross in Lemberg, Poland.

Lwow (Lemberg), Sept. 10, 1921.

An interesting health survey of health conditions among children in Lemberg, the capital of Eastern Galicia, is being made by the American Red Cross medical unit stationed in that city. At bi-monthly intervals, examinations are made of several thousand children. The resulting tabulations, over a period of several months, should give a definite indication of the progress toward normalcy which is being made in this remote section of southern Poland.

The tabulations for April and June have been completed, and those for August will be announced shortly. While the space of time covering these investigations is still too short to present any elaborate report with definite conclusions it is clearly demonstrated that within the short period covered, those children who received food at the American Relief stations showed a decided improvement in nourishment, weight and height.

It was found that boys were in general, better nourished than girls. This

might be explained on the ground that they (1) are more energetic in acquiring food, (2) show more ingenuity in getting food, and (3) are given preference over girls in the home. It is curious that this tendency is only noticeable among the non-Jewish children. No difference can be detected between boys and girls in the Jewish families.

In any study of the figures presented in our tabulations, it is necessary to recall some of the more important historical factors tending to influence the degree of child nutrition or malnutrition in Lwow. The city was under Austrian rule at the beginning of the war and fell after a siege into the hands of the Russians in September, 1914. In June of the following year it was retaken by the Austrians and held by them until it was lost to the Poles in 1918. In November, 1918, it suffered a disastrous siege at the hands of the Ukrainians. The latter never completely captured it, and after a month's fighting in the suburbs, the Poles regained complete possession. Thus the city changed hands five times during four years of war, and was badly damaged in each shifting of authority. In August, 1919, the Soviet armies came within a short distance of Lwow, and there was a considerable evacuation of population. The conditions during these years were obviously not conducive to good physical development of the children. Mothers particularly lived under constant strain, food was always scarce and of poor quality, and living conditions generally were bad.

In March, 1919, the American Relief Administration, through the medium of a Polish organization known as the Polski Amerykański Pomocy Dzieciom (PAPKD), began the distribution of food to adults and children. After three months the program was limited to child-feeding. By means of a series of emergency kitchens all children up to the age of 17 years received a supplementary ration of about 180 grams of food. These kitchens have been operated continuously since that time and are now supplying about 19,000 rations daily. Conditions at present are greatly improved over those of two years ago, and the number of children rationed will be largely increased this fall.

In March, 1921, the regular medical examination of the children was initiated under the supervision of the PAPKD.

*From the American Red Cross Commission to Europe, 4 Rue de Chevreuse, Paris.

All children were weighed in kilograms, their height was taken in centimeter, and their general physical condition was noted. Each child was placed in one of three categories: "A" well nourished, "B" undernourished, "C" poorly nourished. The examination was carried out by three well-known physicians, Dr. Groer of the Children's Clinic of the University of Lwow, Dr. Munser of the Jewish Hospital, and Dr. Serbenski, acting for the city physician. At Dr. Groer's station, 5729 children were examined from 36 orphanages; at Dr. Munser's station, 5110 children from 17 orphanages; at Dr. Serbenski's station, 10774 children from 34 orphanages. During the examinations, particular attention was paid to the detection of diseases or disease tendencies among the children, and treatment was prescribed. Debilitated children were recommended for summer colonies.

The following table shows the examinations for April and June, indicating the numbers of children failing into each category:

April, 1921:				
	Total children examined	"A" (fair)	"B" (poor)	"C" (very poor)
Non-Jewish, boys...	1776	1160	531	85
girls...	2362	1364	840	159
Jewish, boys.....	650	419	173	58
girls.....	1167	633	419	115
Total, boys.....	2426	1579	704	143
girls.....	3529	1991	1259	273
Percentages	100	60	33	7
June, 1921:				
	Total examined	"A"	"B"	"C"
Non-Jewish, boys—	2392	1640	640	112
girls...	3496	2010	1284	202
Jewish, boys.....	757	529	182	46
girls.....	1128	675	362	91
Total, boys	3149	2169	822	158
girls.....	4624	2685	1646	293
Percentages	100	62.5	31.7	5.8

A very definite increase in the percentage of well-nourished children is demonstrated by the comparative tabulations. The measurement charts show an average increase in height of one to four centimeters during the two months' interval.

Cancer Research Institute Appoints Consulting Board.—The Institute of Cancer Research (formerly the George Crocker Special Research Fund), of Columbia University, announces the appointment of a consulting board, the membership of which includes eminent biologists, chemists, physicists, statisticians, and surgeons who are interested in the experimental study of cancer. The surgical members of the board are Dr. William J. Mayo of Rochester, Minn., and Dr. Eugene H. Pool and Dr. George H. Semken of New York.

Clinical Reports.

Absence of Neck.—A new case is added to the eleven on record in which the head is implanted directly on the trunk, without any neck. This anomaly does not seem to interfere with reaching an advanced age.

Neurodermotropic Syphilis.—Barthelemy and Bruant report a remarkable case in which the two types of syphilis were remarkably combined in one subject. After developing tabes with blindness he showed many years later gummata of the palate with extensive ulceration and still later cerebral apoplexy. The duration of the disease had now been 30 years with Wassermann still positive. — *La Presse Medicale*.

An Unusual Case of Myelitis.—Arthur L. Kinne, in the *Boston Medical and Surgical Journal*, reports the case of a vigorous man, thirty-seven years old, who was taken with a mild respiratory infection, apparently not serious, and a few days afterward there developed an absolute paralysis of the lower extremities, the bladder, and the bowel. The condition was stationary for a little over two weeks, when the patient began to recover both motion and sensation, and from this time on recovery was extremely rapid.

Carcinoma of Esophagus.—Dr. Lilienthal, in *Annals of Surgery*, reports a case of carcinoma of the thoracic esophagus in which he approached the esophagus from behind entering the thorax to the left of the spinal column and without invading the pleural cavity. The operation is described in detail. It is Lilienthal's first completed operation of extrapleural resection of the esophagus without gastrotomy and we believe it is the first in medical history.

Bronchial Biliary Fistula.—This excessively rare condition is described by Oliani. The patient, a woman of forty-eight years, expectorated from 300 to 500 c.c. of bile daily. She was so weak that she maintained at all times the horizontal decubitus. There were practised on her several acts of surgical intervention, and the last was successful—the closure of a communication between the common duct and a large bronchiectatic cavity. — *La Riforma Medica*.

Mediastinal Sarcoma.—Dr. R. Duncan, Los Angeles, in the *Medical Record*, reports three cases of mediastinal sarcoma treated with radium. Two cases of primary sarcoma of the mediastinum, in which involvement of the adjacent organs probably had not occurred, responded promptly to treatment and warrant a very favorable prognosis. The third case is an example of metastatic mediastinal involvement showing the palliative and probable curative effect of radium therapy in these cases. Duncan believes that there is reason to hope for a permanent improvement in some of these cases.

Combination of Cancer and Tuberculosis of the Colon.—Hartmann and Renaud removed a tumor of the cecum found to consist of epitheliomatous and tuberculous tissue intimately

associated. The neoplastic seems to have developed in the tuberculous tissue.—*La Presse Medicale*.

Pneumococcus Meningitis, With Recovery.

A. G. Gould, M. D., Akron, Ohio, reports this case in the *Boston Medical and Surgical Jour.*:

In view of the high mortality incident to pneumococcus meningitis, a case with recovery is worthy of note. The duration of the disease was about four weeks, with variations in temperature from normal to 106°. Therapy consisted of lumbar puncture with substitution of warm normal puncture with substitution of warm normal saline solution for the spinal fluid withdrawn, digitalis, sodium salicylate and bicarbonate, ice cap, and sponge baths for pyrexia.

Following each lumbar puncture there was a drop in temperature and pulse and general improvement in condition, most noticeable in the relief of the severe headache. The temperature could be used as a reliable indicator of the need for lumbar puncture.

March 18, 1919. Patient, E. C., boy, aged 3 years. Past health had been good. Both parents well and in good physical condition. For several days patient had a "cold" and a cough, with fever. Today, he vomited and was delirious. T. 102.5°, P. 140, R. 30. Marked prostration and slight cyanosis of lips. Signs of broncho-pneumonia over the right upper front.

March 19, A. M. T. 102°, P. 140, R. 30. During the afternoon the parents noted some tremor and a slight convulsion of arms and legs consisting chiefly of child becoming very rigid and throwing his arms over his head. 5 P. M., T. 105°, P. 152, R. 50. Positive neck sign and Kernig more marked on left than on right. Some internal strabismus of left eye. Both eyeballs at times were drawn upward until iris no longer could be seen. Patient was removed to Children's Hospital and lumbar puncture was performed. A cloudy fluid under considerable pressure was obtained. Bacteriologically, pneumococci in great numbers and a few staphylococci were found. Prior to obtaining the bacteriologist's report, 20 c.c. of antimeningococcus serum was given intraspinally. March 20, signs of pneumonia clearing up. March 21, 3 m. antipneumococcus vaccine subcutaneously. March 22, cries out frequently and is very restless. Spinal fluid is today a pure culture of pneumococci; 5 m. antipneumococcus vaccine subcutaneously. March 23, more rational. March 27, T. 105°, P. 132, R. 30. Neck very rigid. Slight left Kernig. March 28, meningeal signs absent. March 29, restless and talking in delirium all night; 4 A. M., T. 104.2°, P. 140, R. 36; slight convulsion lasting a few seconds. March 30, noisy and nervous when awake. April 1, A. M., T. 100°; 7 P. M., T. 106.2°, P. 160, R. 28; neck rigid. Lumbar puncture fluid under much pressure. 8 P. M., T. 104.2°, P. 120, R. 22. April 13, removed to home. July 11, returned from a visit to grandparents in Alabama, in fine condition.

Resection of Clavicle in Tuberculosis of Sternoclavicular Joint.

This case was reported at meeting of the Washington University Medical Society, St. Louis, by Dr. E. A. Graham:

White male, age 30 years. Single. Occu-

pation, laborer. Admitted to Barnes Hospital, November 2, 1920.

Chief complaint. Bruise on chest. First symptoms were in March, 1920. Pain in upper region of sternum and slightly to left. Slight redness, pain and swelling of left clavicular region. Patient came to O. P. D. in April, 1920. Chest was aspirated and yellowish fluid with white granules was withdrawn. Diagnosis of tuberculosis of tendons was made.

At this time there was a sinus and discharge in the left clavicular region.

Physical examination on admission: November 2, 1920, negative except for local point of surgical interest. There is an erythematous, soft, fluctuating mass over the sternal end of left clavicle, four and one-half cm. in diameter and projecting one cm. just below this there is another red patch five cm. across and four cm. up and down with inner border in the center of manubrium. There is an irregular palpable defect involving almost the entire manubrium over which the tenderness is most marked. In this area there are two sinuses discharging, thin, greenish material. These sinuses are located over first I. C. S.

Operative note: Elliptical incision around diseased skin including sinuses. Claviculo sternal joint filled with granulation tissue, apparently tuberculous. Similar granulation tissue also found extending behind sternum and laterally behind clavicle. Resection of about one inch of clavicle was made and some of manubrium removed with Rongeur forceps. This leaves a gap of about two inches between end of clavicle and sternum. The first rib seems to be intact, including first costal cartilage. This was not disturbed. There is no evidence of false joint in first rib as suggested in x-ray. The underlying pleur seems thickened and was not injured during operation. Wound packed with iodoform gauze. No sutures.

Post-operative course. Uneventful. Wounds granulated up with dressing of iodoform and balsam peru packs. Motion of left arm unimpaired.

Patient is able to lift weights and use arm practically as if normal and better than before operation. Discharged from hospital on twenty-seventh post-operative day.

Gonorrheal Arthritis.

Dr. James A. Evans, St. Louis, reports this case:

C. L., age 25, male, white, laborer.

Gonorrhea three years ago for thirty-five days with gonorrheal conjunctivitis. Two weeks after gonorrhea was thought to be cured and fleeting pains and swellings in hands. Then knees began to swell and have remained so for three years, the amount of swelling varying. Dull pains in knees for past year only. Eight shots of gonorrhea vaccine in 1917 without relief. Began to use crutches about six months ago. Nocturia five and six times past three years.

P. E. Many patent corneal vessels in left eye. (History of inflammation at age of eight.) Left shoulder slightly swollen anteriorly and posteriorly. Heat, no redness. Movements mostly scapular. Tenderness on pressure anteriorly and posteriorly. Both knees immensely swollen, right 44 cm., left 46 3/4 cm.

Fluctuant, red, hot and tender on pressure everywhere. Flexion limited by pain at 60 degrees. Right ankle swollen, slightly reddened, fluctuant, some heat. Tenderness over internal aspect of joint. No pain or limitation of motion. Prostate slightly enlarged, boggy, tender. Secretion contains few pus cells.

Wassermann negative. Urine negative. Blood: Red blood count, 3,808,000; white blood count, 9,800. Hg. 65 per cent. X-ray: Left ankle, secondary bone decalcification. Left shoulder: Between the greater tuberosity and the articular margins, there is a smooth excavated space suggestive of loss of substance at this point. Knee joints, slight roughening of the margins of the femur and tibia on each side, due to hypertrophic change and possibly some associated excavation in these bones. Decalcification. Process mostly periarticular.

Aspiration of knees. Right, 50 c.c. yellow turbid fluid. Left, 200 c.c. yellow turbid fluid. Smear, polymorphonuclear leukocytes predominating. Culture negative.

Orthopedic consultation: Chronic prostatitis. Vaso-puncture advised.

Course after vaso-puncture: 7 c.c. of 25 per cent. argyrol injected on both sides. Had very slight afternoon rise of temperature for three or four days after. Right knee 2 cm. smaller; left $3\frac{3}{4}$ cm. smaller a week later.

Further treatment shall consist of local hyperemia, more drainage, gonorrhea vaccines, baking and massage. If resistant to all such measures further surgical intervention is advised.

Abstracts from Medical Journals.

Obesity Following Epidemic Encephalitis.—Livet calls attention to this sequence. The weight put on may reach 30 pounds. One patient showed a synchronous amenorrhea, which suggests that in this febrile condition the integrity of the endocrine glands is impaired. The hypophysis is the only one in which we might anticipate such implication.—*Gazette des Hopitaux*.

Tonsillar Focal Infection.—In properly selected cases there is no more ardent advocate of tonsillectomy than I, but I do believe the present wave of enthusiasm for seeking and eliminating focal infection has carried us too far in our war on the teeth and tonsils. None of us doubts the great source of evil in a diseased tonsil and conservative surgery would recommend its removal. But how often have disappointments followed this operation where improvement of an arthritis or other form of infection failed to take place? Is it not true that in most instances after the tonsil is removed, in good faith that it is the offending organ, the trouble is not improved?—W. H. Rendleman in the *Journal of Iowa State Medical Society*.

Diabetes and Syphilis.—Dr. R. A. Bullrich writes to the *Semana Medica* 27:379, 1920, to comment on the relative frequency of inherited or acquired syphilitic disease of the pancreas as a cause of diabetes. At the same time, he points out that diabetes is extremely rare among the less well-to-do although syphilis is

so common among them. In addition to this fact is the experience that the fasting method of treating diabetes yields results far surpassing those obtainable with mercury. Each case therefore has its own indications, and an eclectic point of view is the wisest.

Pain in Syphilis of Heart.—Pain is by no means limited to the truly anigral cases, but it is one of the most common symptoms of the disease, sometimes it is limited to the precordium, but very frequently it is complained of as reflected into the back, into the shoulder, on either side—most frequently to the left—and, in the anigral types, as going down the arms. Precordial tenderness best elicited by firm deep pressure over the precordium is present in many cases. At times it is so acute as to cause marked discomfort when the outlines of the heart are being percussed out.—Harlow Brooks, *Am. J. Syphilis*.

Lumbar Puncture for the Disposal of Obstinate Syphilides.—Schreiner has made the accidental discovery that obstinate syphilitic dermatoses clear up promptly in the course of spinal tapplings. The effect is much more striking in recent syphilides, for these may vanish in a day or two. But the same result has been seen in the most obstinate nonsyphilitic dermatoses, such as lichen planus and prurigo, although repeated punctures are required in the more chronic cases.—*La Presse Medicale*.

Epidemic Hiccough.—In a recently published thesis of Strasbourg, Kritter dissociates this condition from banal hiccough. It is seen only in seasonal influenza, when it is motivated by a special gastropathy characterized by dilatation and reflex irritation of the terminals of the phrenics. The author separates it entirely from hiccough of encephalitis lethargica, which is due to disturbance of central innervation.—*Le Progres Medical*.

The Prevention of Urethral Stricture.—The majority of cases are due to badly treated gonorrhea. If medical men would pay more serious attention to the treatment of acute gonorrhea and not rely upon cessation of discharge or the examination of a smear as a criterion of cure and freedom from organic change, but would carefully examine the urethra for patches of infiltration in its early stages and thoroughly dilate with sounds and expanding dilators, strictures would be a relic of the past.—M. W. Browdy, *Brit. M. J.*

Appendix in Hernial Sac.—Dr. Niedlich, in *Beitrag zur klin. Chirurgie*, compares with his 12 cases, 111 from the literature in which the appendix was included in the hernial sac. In 15 cases the appendix was alone but sound; in 29 it was diseased. The hernia was inguinal in 92 men and 5 women, and femoral in 3 men and 24 women. The leukocyte count may suggest involvement of the appendix.

Spontaneous Spirochetosis in the Rabbit.—Dr. Levaditi, Marie and Isaiac, in *La Presse Medical*, report that they have discovered a spontaneous spirochetosis in the rabbit which bears a notable resemblance to rabbit syphilis. Lesions of the nose and genitals were found to be due to a spirochete closely resembling the

Treponema pallidum. Such lesions appeared to be papillomatous. Monkeys were found to be immune to attempts at inoculation with the newly discovered organism, and Levaditi and another also inoculated themselves with the same negative results.

Pott's Disease and Albee's Spinal Graft.

Jour. Orthop. Surg., 1919, xvii, 401. Fifty consecutive cases of Pott's disease treated by Albee's operation are recorded.

The diagnosis of this condition is based on the usual symptoms, special attention being paid to the presence of muscular spasms resisting movement in all directions and the x-ray findings. The purpose of the operation is to secure immobility of the affected vertebrae by an autoplasmic graft from the tibia. If the spinous processes are fixed and the lateral articulations are sound, no movement of the bodies can take place.

The vertebral column is normally held in place only by the muscles. Albee's operation is valuable in that it tends to give: (1) permanent immobility in the corrected position; (2) a greatly reduced period of confinement to bed; and (3) a safeguard against recrudescence of the disease. It should not be performed, however, upon children less than 3 years of age nor upon very old persons. Neither is it of value in the treatment of the atlanto joint. Active cases should not be operated upon until the activity of the disease process has been abated by immobilization on a frame. Sepsis or discharging sinuses about the field of operation are also contraindications. "Cold abscesses" are not opened by the operation.

Pre-operative treatment is begun immediately upon the detection of active Pott's disease and consists of: (1) splinting with a frame or cast to give complete rest; (2) reduction of reducible deformity very gradually when indicated; and (3) general treatment. The author gives an exhaustive description of methods of splinting for different regions of the spine.

The Albee operation should be performed in a warm operating room and the surgeon should avoid hammering. The anaesthetic given should be ether, not chloroform. Great care should be used to prevent any movement of spine.

The postoperative treatment includes, first the immediate treatment of shock. The first dressing should be done from four to ten days after the operation as indicated. The patient should be turned weekly in order to change the pads. The time at which the frame should be removed depends upon the location of the disease and other conditions, but is usually at the end of three months. The patient should then remain in bed for another month before sitting up. Soon thereafter he is able to walk but should wear the frame for a year.—West Va. Med. Jour.

Fracture of the Forearm in Children.—Dr. Jacob Grossman, New York, in the Jour. Orthopedic Surg., summarizes his article thus:

1. Where, for any length of time, infants and children refuse to use their forearms, after having sustained an injury, fracture should be suspected.

2. Colles' fracture occurs rarely in infants and children.

3. Fracture may be present, even though the cardinal signs of fracture are lacking. These fractures are usually of the subperiosteal variety. "Pencil" tenderness is the diagnostic sign.

4. Epiphyseal separation of the lower end of the radius should be looked for in all cases with injured forearm. It occurs often enough to be considered.

5. Plaster of Paris bandages are by far more efficient than splints and should be given the preference in the treatment of fractures.

6. Proper immobilization is as important as proper reduction in obtaining a successful issue in the treatment of fractures.

7. Shorter periods of immobilization, early massage and passive movements should be employed in children.

8. A pad between the shafts of the fractured bones, as recommended by many, for the purpose of preventing fusion of the fractures, is unnecessary as it could not separate the bone ends without exerting injurious pressure upon the circulation.

Cancer Infection.—Dr. Albert J. Ochsner reviews this question (Annals of Surgery) and urges the importance of taking every precaution against cancer infection, notwithstanding the fact that its infectiousness has not been proved. Wise precaution can do no harm, while it may do an endless amount of good, because, in case the disease is due to infection, every additional case is a menace to others. He considers the most convincing argument of the infectiousness of cancer to be found in the studies of Smith, who claims that cancer in plants is due to a microorganism which he has been able to isolate and cultivate, and which produces cancer when inoculated upon healthy plants. In human cancer further studies are needed, and the writer expresses the hope that these will be continued vigorously and that in the meantime healthy persons be not exposed unnecessarily to cancer infection. The fact that many competent observers have been unable to prove to the satisfaction of others that they have found the microorganism causing cancer must not be construed to prove that such an organism does not exist, because precisely the same failures were experience before the tubercle bacillus, the bacillus of leprosy, the spirochete of syphilis, the plasmodium of malaria, and many others were finally discovered. Clinically all these diseases were infectious, and it was only a matter of patient labor to find the living cause.—Medical Record, New York.

Carbolic Acid in Boils and Carbuncles.—Dr. French advocates the use of pure carbolic acid injected hypodermically in the treatment of boils and carbuncles. The earlier the treatment is given the better. Freeze the affected part with ether, or chlorid of ethyl, so that the injection will be practically painless. Melt pure carbolic acid crystals, and warm the syringe while using it. Use a small needle, and inject boldly in the center deep down into the tissues. Put in three to six drops of the acid. If used early, it will abort the disease. Later, it relieves pain, prevents burrowing, and shortens the disease.

County Medical Societies' Reports

ATLANTIC COUNTY.

Clara K. Bartlett, M. D., Reporter.

The regular meeting of the Atlantic County Medical Society was held Dec. 9, 1921, at the Hotel Chalfonte, Atlantic City, at 8.30 P. M.

Dr. Casselman, chief of the Genito-Urinary Department, Public Health Service, N. J., gave a detailed demonstration of the technique of administering arsphenamine and neo-arsphenamine. Although some practitioners adhere to the use of arsphenamine, neo-arsphenamine is the drug most generally administered. The necessary equipment is simple. Neither gloves nor gown need be worn. Washing the hands is sufficient, taking care to keep the hands from end of the needle and from the solution. A neutral solution is now used, then a hyper-alkaline one; therefore 1-5 of the amount of sodium hydroxide required to neutralize the solution, is added in excess to make the solution hyper-alkaline.

In giving arsphenamine, at least five minutes are required for the injection; fifteen minutes are better. It is less toxic when given slowly. In case of reaction, adrenalin may be given. To prevent reaction, 1-60* grain of atropine sulphate may be give one hour before the injection.

Neo-arsphenamine has almost the same value , and is more simple to give. It comes in 2 ampoules, water out of one being put into the other. Rate of injection is important; can be given in two to five minutes. There are very few reactions after this drug. A cloudy solution is dangerous even if filtered.

The mercurial preparations used are the soluble, the insoluble, and inunctions. The soluble solutions are less painful than the insoluble. The inunctions are preferable if the 50 per cent. official ointment is used, it should be applied six days a week, rubbing in twenty minutes, after a bath.

There should be at least two courses of arsphenamine treatment, 8 injections in each course, with mercury and iodides the rest of the year.

The treatment should be persisted in at least one year. At the end of that time, additional advice can be given. Very few are cured, about 10%. Follow up work shows that 50% of families were infected in hospital and dispensary cases; in private practice, about 25%.

Dr. J. Frank Schamberg of Philadelphia, then spoke upon "Prognosis of Syphilis." It is difficult to say just when a cure is established. Treatment is required for at least one year, and in cases when treatment is not commenced early, much longer time is required. Doctors should not advise marriage until two years after negative Wassermann. This advice will be disregarded in many cases, but if given, it relieves the doctor of responsibility. Many patients develop tertiary symptoms who are honestly ignorant of ever having had the disease. A number of such cases were cited. Dr. Schamberg said that hundreds of thousands of children who have inherited syphilis are not recognized as having the disease. Syphilis is a tissue disease, the spirochetes being carried by the blood and lymph to

various organs of the body. In the early stages, the blood and spinal Wassermann, may be negative because spirochetes are not present in sufficient members to given the reaction. It is believed that the migration from the chance occurs earlier than was at first thought, hence operation on the initial sore is no longer performed.

The doctor closed by speaking of the economic aspect of the treatment. If too much is charged for an injection, the ordinary man cannot afford the necessary treatments; as a result, State medicine may be forced upon the profession.

Dr. C. H. De Shivers of Atlantic City followed, giving "Indications for Treatment."

CAMDEN COUNTY.

J. Watson Martindale, M.D., Reporter.

A regular meeting of the Camden County Medical Society was held at the Dispensary building, Dr. Levi P. Hirst in the chair. Drs. H. B. Decker, Irvin P. Davenport, Edwin A. Harris, Martin G. Maydin* were elected members of the society.

Dr. Howard F. Palm read the historian's report, which was a marvel of wit. The members of the society were delighted with the amusing manner in which he described the events of the last year in medical circles.

Dr. J. W. Martindale read a paper on "Some Observations on Upper Abdominal Disease." Dr. Thomas K. Lewis lead the discussion. His remarks were well chosen and elicited rounds of applause. Drs. Albert Davis, Paul Mecray, Ernest Hummell and Joseph Roberts also discussed the paper.

Drs. Diverty and Hunter, delegates to the society from Gloucester County, were present and entered into the deliberations of the society.

After the business and scientific work of the society had been disposed of the members sat down to a bountiful repast. Drs. James Hunter and Thomas B. Lee gave delightful after-dinner speeches, which were highly appreciated by those present.

HUDSON COUNTY.

* Wm. Freile, M.D., F.A.C.S., Reporter.

The regular meeting of the Hudson County Medical Society was held at the Carteret Club on December 6, 1921, Dr. Cosgrove, president, in the chair.

Reports of Committees: Welfare Committee reported that a meeting had been held and several recommendations were made. 1. That communication be sent to the State Welfare Committee to the following effect:

"At a recent meeting of the Legislative Committee of the Hudson County Medical Society, it was decided that we would respectfully submit for your consideration the following suggestions: namely, that the present Rehabilitation Law be amended so that it should be entirely separate from the Compensation Law as it now exists, and that the present Compensation Law be amended so that there be a more liberal allowance made as compensation for the injured, and a larger limit set for the medical fees. Furthermore, that the law now governing the practice of medicine be so amended that it be compulsory for the State Medical Board to take action in

cases of malpractice and practicing without a license, which are brought to their attention and evidence submitted sufficient to convict. It was also suggested that county registrations of osteopaths and chiropractors be made compulsory so that there could be a supervision exercised over these practitioners.

These suggestions were submitted to the Hudson County Medical Society at its last meeting and adopted as a report of the Legislative Committee of that body."

2. That any charges against the Rehabilitation Clinic in Jersey City be fully investigated and a committee appointed to take care of this work. These recommendations were adopted:

Banquet Committee: Tentative arrangements were made and date set as January 14th, 1922, for Braunstein's Restaurant, Union Hill. Return postals to be sent out.

Public Health Survey: Dr. Dickinson sent in his resignation as chairman of this committee, as unable to serve.

Miscellaneous Business: Dr. Quigley asked if any information could be given as to who invited Dr. Lorenz to Jersey City, as he thought it ought to come through the Hudson County Medical Society. Dr. Cosgrove stated that he was not invited by the Hudson County Medical Society or any of its officers. Dr. Miner stated that it was not their Advisory Board of Rehabilitation Clinic. Dr. Arlitz stated that Dr. Albee, as chairman of the Rehabilitation Commission, invited Dr. Lorenz to the Clinic and all the members of the Hudson County Medical Society were invited.

Dr. Arlitz stated further that: "Commissioner Bryant desires to work in harmony to bring about a condition of affairs that would be more satisfactory to all concerned.

"The present limit for medical aid of \$50 for the first 28 days is entirely inadequate, for the reason that in all cases of serious injuries; first, either the worker does not receive the care his condition warrants; or second, if such care is furnished him the doctor's fee must be paid by the worker usually from his compensation payment; or third, the doctor does not get paid for a reasonable and proper service rendered. No one of these three conditions can be defended, and increased medical aid should react not only to the benefit of the worker, but, also to the employer or the insurance carrier, in that treatments in many instances reduces the amount of permanent disability. It is true that medical aid not exceeding \$200.00 may be allowed by the Workman's Compensation Bureau, but, there are many injuries requiring additional medical aid not coming within this classification. It would now seem time that the N. J. Compensation Law be brought more in accord with a number of the industrial states in the Union that are affording their workers a larger degree of protection."

Communications: Bill from Mr. Wall for services rendered Legislative Committee last year referred back to that committee for action. Bill for postage ordered paid.

New member proposed: J. W. Harvey, M.D., 40 West 35th street, Bayonne.

New members elected: L. F. Harter, M.D., 142 Bowers street, Jersey City; H. S. Fruitnight, M.D., 518 Union place, Union Hill; J. A. Schwarz, M. D., 334 7th street, Jersey City.

Dr. Wells P. Eagleton of the State Welfare Committee addressed meeting and outlined the programs for this year's legislative work, as follows:

"1. We stand committed to the three Veneral Control Bills, which failed in the Legislature of last year. They are to be revived and introduced, with such modifications as experience dictates. These bills will soon be ready for inspection and discussion.

"2. The osteopaths are demanding that the graduates of the osteopathic colleges recognized by the American Osteopathic Association, and now seven in number, which they claim are equipped to give proper instruction, be licensed to use certain groups of drugs, while those who would practice surgery be permitted to do so, as well as those now practicing in this State after two years' practice and an intensive course of surgery of one or two years in an osteopathic college, and the passing of an examination by the State Board of Medical Examiners. The important question is whether these colleges are equipped and qualified to teach surgery. This is a matter of investigation for the medical profession, as we have been led to believe they are not. We have asked the American Medical Association to make a survey of the osteopathic colleges and submit a report before January 1st. If these schools come up to the standard required of medical schools by our State, their demand has a basis for discussion; although it is to be remembered that none of the osteopathic colleges demand, or have demanded, as full a preliminary education as the regular medical colleges recognized by our State, while, on the other hand, the osteopathic colleges are requiring more actual hours of attendance in their class work than are now demanded by our present medical law. All these aspects should be discussed and investigated so that fairness may be done to any fully qualified osteopaths, or one who is willing to qualify himself by additional work.

"3. We seek a modification of the Workmen's Compensation Laws, whereby a fair and equitable fee be paid physicians and hospitals for attendance and care, and whereby the length and amount of compensation to the workmen be increased. The administration of this should be in hands of physicians, for they alone are qualified to judge of any injury. Restrictions must be placed so that not only fraud, but even a semblance of attempt to overcharge the employer or insurance companies may be avoided.

"4. The Welfare Committee believes that the medical profession should take an active interest in the management of the rehabilitation work in the State, because it is a health matter concerning the public. A physician should be the director and have charge of the policies, and other physicians should execute the work."

The members of the Hudson County Medical Society are earnestly requested to attend the meetings which will be called. Speakers will be provided to explain to and discuss with you the bills to be enacted and the problems that face the medical profession of the State. The content of the bills and further information should be disseminated by you, if you

would have the Legislature know that the public stands behind this health legislation.

Paper of evening: A very clear and interesting paper on "Blood Transfusion" by Dr. R. E. Stetson of New York City was read and discussed by Drs. Woodruff of Bayonne, Von Der Lieth of Jersey City, Miner of Jersey City, Von Deeston of Hoboken and Lange of North Hudson.

MIDDLESEX COUNTY.

M. F. Urbanski, M.D., Secretary.

The annual meeting and dinner of the Middlesex County Medical Society was held on Wednesday, December 21st, at 4 P. M. at the East Jersey Club, Perth Amboy. There were about 36 members present.

A letter was received from the Middlesex County Anti-Tuberculosis League requesting this society to endorse the movement for the erection of a County Tuberculosis Sanatorium. The secretary was instructed by a unanimous vote to forward a copy of the following resolution to the Board of Freeholders: "Resolved, That the Middlesex County Medical Society goes on record as favoring the immediate erection of a County Tuberculosis Sanatorium on the grounds purchased for that purpose; knowing that recent legislation has made the erection of such a building imperative, and furthermore being acquainted with conditions as medical men, we feel that the project is an urgent one for public benefit and safety."

By resolution the treasurer was empowered to pay the expense of the annual dinner and likewise the bill of the retiring secretary. The report of Dr. Lippincott, chairman of the Nominating Committee was received and passed by unanimous vote as follows: President, Dr. B. M. Howley; vice-president, Dr. C. W. Naulty, Jr.; secretary, Dr. J. L. Fagan; treasurer, Dr. D. C. English.

The following propositions for membership were received: Drs. E. F. Klein and Wm. F. Santoro from Perth Amboy; Dr. James J. Collins of Woodbridge. They were elected to full standing in the society on payment of their dues.

Mr. Gunn, Executive Secretary of the State Welfare Committee, was present and addressed the members on the plan of action of this committee. It was unanimously agreed to give the society's backing to the undertakings of this committee. The following were elected as delegates and alternates to the State Society: Delegates: Drs. Leonard, Nafey and Silk; alternates: Drs. Hoffman, Urbanski and Fithian.

A tribute was paid to Dr. D. C. English for the able and classical manner in which he edited the history of the Middlesex County Medical Society in the new History of Middlesex County just issued. The history of this society for the first hundred years is lost, and the amount of work necessary to work up this undertaking from all sources to make it bonafide was evident from the excellent result.

The scientific paper for the meeting was presented by Dr. John F. Anderson, New Brunswick, entitled "Some Clinical Manifestations of the Anaphylaxis Reactions." Dr. Anderson is an authority on the subject and his address proved both interesting and instructive. The society prides itself on having Dr.

Anderson as one of its members. The following topics were explained specifically: 1, Serum Reactions; 2, Foreign Proteins; 3, Immune Smallpox Vaccine; 4, Tuberculins; 5, Shick Test. The doctor cited numerous cases that he observed personally that were susceptible to the various proteins and served as illustrations. Discussion of Dr. Anderson's paper was entered into by Drs. Naulty, Silk Lippincott and others.

MONMOUTH COUNTY.

W. H. Fairbanks, M. D., Reporter.

The annual meeting and election of officers of the county society was held at the Belmont Hotel in Freehold, on Dec. 13th.

The following were elected: President, Geo. V. V. Warren, M. D., of Red Bank; vice-president, Clarence M. Tripple, M. D., of Asbury Park; treasurer, Wm. A. Robinson, M. D., of Ocean Grove; secretary, H. W. Ingling, M. D., of Freehold; reporter, W. H. Fairbanks, M. D., of Freehold.

Annual Delegates: James A. Fisher, M. D., of Asbury Park; W. K. Campbell, M. D., of Long Branch.

Censor for 3 years: R. B. Wilson, M. D., of Red Bank.

The following new members were admitted into full membership in the society:

Harold A. Kazmann, M. D., of Long Branch; Robert E. Watkins, M. D., of Belmar; Edwin F. Stewart, M. D., of Port Haven; Charles W. MacConnell, M. D., of Keansburg.

The attendance numbered 23. It was decided to invite the Mercer County Society to attend a joint meeting to be held in Asbury Park sometime in June.

The meeting was honored by the attendance of Martin W. Reddan, M. D., and H. B. Costill, M. D., of Trenton. Dr. Costill addressed the society at length in regard to the program of the Welfare Committee of the State Society. He placed special emphases upon Osteopathic and Chiropractic efforts, which will have to be met at the Legislature this year. He also discussed the Workingmen's Compensation Act, and the proposed legislation to remedy the same in the interest of both the employee and the physician. He stated that malpractice suits are increasing and that the Welfare Committee have under consideration plans to better protect the physician who is a member of the State Society by insurance or other means. At the close of Dr. Costill's address a vote of thanks was given him by those present.

The meeting was enthusiastic. One man made at least seven speeches, but finally got a motion through to have four monthly meetings at the beginning of the year to prepare for the work to be done by the State Society meeting this spring.

It is the plan of the society to become alive and do something this year. The chosen officers will prepare a live program for every meeting, dealing with those questions which are of vital importance, not only to the physician, but also the public health. We bespeak for them the support they must have in order to make their work a success.

The aim is to make every eligible physician of the county a member of the society and thereby back up the work of the State Society to the fullest possible extent.

MORRIS COUNTY.

Marcus A. Curry, M.D., Reporter.

The regular quarterly meeting of the Morris County Medical Society was held on Tuesday evening, December 13th, at "Day's" in Morristown. The president, Dr. William F. Costello, presided and the attendance of members was gratifyingly large, the number of absentees being practically negligible.

After the customary formal routine was disposed of, the matter of revised Constitution and By-Laws was taken up and progress made toward adoption; the revision presented by the committee was read by Secretary Kice, preliminary to the final draught being offered later for the approval of the society.

The president appointed a new Executive Committee, the personnel of this committee now being Drs. Curry, Glazebrook and Larson. Other appointments by the president were Dr. Abell, nee Dean, and Dr. Pinckney, to act with Dr. Owen, previously appointed, to prepare a fitting memorial to the late Dr. Henriquez.

Dr. Albert Lamb, Associate Attending Physician of Presbyterian Hospital, New York, was introduced by President Costello, and favored the members with an informal discourse of peculiar interest on the subject of "Streptococcus Viridins Endocarditis," treating particularly with seven cases in which of late he has been much interested. The doctor stated that while the active process is going on it is endocarditis and then comes the resultant damage in the form of a chronic valvular disease; that there is no endocarditis after the active process but a chronic damage and that death occurs in most cases within six months, while an occasional or rare case may hold out for a year. Dr. Lamb stated that he doubted if at the present time there is a single week in the year that they do not have one or more cases of this type in the hospital and that they have had twenty-seven during the past five years. Opening the discussion, Dr. Haven said he had four of these cases during the last year and all came to the usual end as indicated by Dr. Lamb. Others taking part in the discussion were Drs. Glazebrook, Lathrop and Costello. The interest of the members in the discourse and their appreciation of Dr. Lamb's presence were manifested by a rising vote of thanks.

President Costello then presented Dr. Joseph H. Gunn, Executive Secretary of the State Welfare Committee, who informed the members in a clear, crisp way of the accomplishments, definite purposes and progress of the Welfare Committee, making reference to the Workmen's Compensation Law, in connection with which the physician now has a chance to take a place in the medical affairs of the State that he never before enjoyed; also the Osteopathic situation, the three Venereal Disease Bills and other pending matters on which the committee is engaged. Mr. Gunn mentioned also that since last election the medical profession has more friends scheduled for Trenton which enhances the prospect of the medical men getting what they desire. A light appetizing supper was served in the private lunch club room and was much enjoyed.

The March meeting will be held in Dover, in the afternoon. Plans were definitely laid for the holding of the June meeting at the

Shongum Sanitarium, by the acceptance of an invitation received from the management to hold the June meeting at that institution.

PASSAIC COUNTY.

Leon E. De Yoe, M.D., Reporter.

The December meeting of the society was held at Odd Fellows' Hall on Thursday, the 8th, at 8.45 P. M.

Dr. Spickers presented an interesting case of inoperable carcinoma of the breast, which was being treated with radium. A discussion of the condition followed and Dr. Spickers promised to show the case again as the treatment progresses.

Commissioner Boyd of the State Department of Labor then addressed the society on the subject of "The Workman's Compensation Law." He reviewed the history of the law and traced its development from early English law. He stated that as now written it was not just to the medical profession, and believed that the maximum fee should be raised. He explained that application of the law in an ordinary case. He spoke of the work of the Rehabilitation Commission in establishing clinics and explained that the clinics with their equipments were at the disposal of physicians for the treatment of their cases.

Dr. Frank J. Quigley then addressed the society on "The Relation of the Workman's Compensation Act to Medical Men." He said that the State Welfare Committee had been doing a great deal of work on the question of fees, and that the State Chamber of Commerce was in favor of a measure which would raise workmen's weekly compensation and also raise medical fees. He stated that it should be the function of medical men to determine the amount of disability in every case.

Dr. W. B. Johnson offered the point of view of the hospitals in regard to these cases, and stated that the fee which the hospital received was in no way commensurate with services rendered.

Dr. J. C. McCoy then spoke of the things which the State Welfare Committee was trying to accomplish, and wished to know the sentiment of the society especially on three points which they strongly favored. First, that the Director of the Rehabilitation Commission should be a medical man; second, the basis for compensation should be modeled after the Connecticut code, and a medical commissioner should decide on the fees; third, that the percentage of disability should be determined by a medical board.

A most interesting and prolonged discussion of the entire subject followed, and a motion was carried that the society endorse the work of the Welfare Committee as outlined by

The thanks of the society were extended to Dr. McCoy.

Commissioner Boyd and Dr. Quigley for their splendid discussions of the Workman's Compensation Act.

WARREN COUNTY.

F. F. McKinstry, M.D., Reporter.

The annual meeting of the Warren County Medical Society was held October 27, 1921, at the Hotel Belvidere, Belvidere, at 10.30, with Dr. J. M. Reese, the president, in the chair. The following doctors were present: J. M.

Reese, William Kline, Chas. H. Lyon, Floyd A. Shimer, Phillipsburg; F. J. LaRiew, Charles B. Smith, Charles M. Williams, Arthur C. Zuck, Washington; G. W. Cummins, William J. Burd, F. P. Lefferts, Belvidere; H. B. Bossard, Harmony; F. W. Curtis, Stewartsville; L. C. Osmun and R. H. Woodruff, Hackettstown. Visitors were Drs. T. S. Dedrick and Paul Correll, Easton, Pa.

The following resolutions on the death of Dr. Francis J. Drake of Phillipsburg were presented and accepted and the secretary directed to send a copy to the family:

Whereas, It has pleased the one Supreme Being in his unquestionable wisdom and infinite power to take from the midst of this, the Warren County Medical Society, our beloved and esteemed colleague, Francis James Drake, M.D., and

Whereas, While we humbly bow to his will, the loss of our friend and co-worker is keenly felt. In all of his associations, he was candid and open in manner and disposition; his strength of character, loyalty to duty, genuine honesty and integrity were worthy of emulation; his devotion to his home, family and friends were such as can only be found in one who breathes the Christian spirit. Therefore,

Be It Resolved, That though he has departed from us, he will always be remembered as one who was faithful and ever ready to perform civic duties as well as the duties of his chosen profession for the enhancement of the community.

That realizing our own loss, we sympathize and extend condolence to those who are nearer and dearer, commending them in this hour of sorrow to Him who alone can comfort and assuage their deep grief and who said "Blessed are the dead who die in the Lord from henceforth; yea, saith the Spirit, that they may rest from their labors; for their works will follow them."

Be It Further Resolved, That a copy of these resolutions be sent to the bereaved family, and be placed upon the minutes of the Warren County Medical Society.

Arthur C. Zuck, J. Mitchell Reese,
Charles B. Smith, F. J. LaRiew, Com.

Dr. Reese, the president, called attention to a communication from Dr. Ill of Newark, about Cancer Week, which had been fixed by the State Committee as the week commencing Oct. 30. Motion made, seconded and carried that a committee of one from each town and city in the county be appointed to carry on the work suggested by the State Committee, with Dr. J. M. Reese, as the county chairman.

The committees were appointed as follows: Belvidere, G. W. Cummins; Hackettstown, L. C. Osmun; Washington, F. J. LaRiew; Phillipsburg, Floyd Shimer; Harmony, H. Bossard; Blairstown, W. C. Allen.

Dr. William J. Burd of Belvidere read a paper on "Colloids." The discussion was thorough.

A Nominating Committee consisting of Drs. Curtis, Zuck and Bossard was appointed and presented the following list of officers who were elected:

President, Dr. C. B. Smith, Washington; vice-president, Dr. L. C. Osmun, Hackettstown; treasurer, Dr. G. W. Cummins, Belvidere; sec-

retary, Dr. F. J. LaRiew, Washington; reporter, Dr. F. P. McKinstry, Washington. Annual delegate to State Society, Dr. William Kline, Phillipsburg. Censor, Dr. F. P. Lefferts, Belvidere. Delegate to Hunterdon County, Dr. C. M. Williams, Washington. Delegate to Sussex County, Dr. William Allen.

Two committees were appointed to act with the general committee of the Maternity Hospital and Infirmary of Warren County to be established in Phillipsburg as follows: Advisory Committee, Drs. Reese, Smith, Osmun, Cummins and Kline. Building Committee, Drs. Shimer, Curtis and Bossard.

Dr. Christopher C. Beling, Councilor, and Joseph Gunn, the Legislative Agent of the State Society, both of Newark, were present and gave very interesting and instructive talks.

Local Medical Societies.

Associate Physicians of Montclair and Vicinity.
Walter B. Mount, M.D., Pub. Com.

The Associated Physicians of Montclair and Vicinity held its second meeting of the season on Monday evening, November 28th, 1921, at the Montclair Club. Two physicians were admitted as new members and 18 dentists were admitted as associate members.

The paper of the evening was by Dr. Henry K. Pancoast of Philadelphia, Professor of Roentgenology, University of Pennsylvania School of Medicine, on "The Roentgen Ray Diagnosis of Pulmonary Lesions" and was illustrated with lantern slides. The speaker took up the diagnosis of pulmonary tuberculosis, pneumoniosis, malignancy, actinomycosis, syphilis and passive congestion of the lungs.

The discussion was opened by Dr. Maurice Fishberg of New York City, Clinical Professor of Medicine, University and Bellevue Hospital Medical College. The discussion was continued by Dr. Lewis Gregory Cole of New York City, Professor of Roentgenology, Cornell University Medical College; by Dr. Harry N. Imboden of New York City, Attending Radiographer, Presbyterian Hospital; by Dr. William H. Stewart of New York City, Clinical Professor of Roentgenology, New York Polyclinic Medical School; and by Dr. Leon T. Le Wald of New York City, Professor of Roentgenology, University and Bellevue Hospital Medical College.

The next meeting will be on Monday evening, December 19th, 1921, at the Montclair Club, when Dr. Frederick M. Allen, Medical Director of the Physiatrie Institute, Morristown, N. J., will read a paper on "Late Results in the Dietetic Treatment of Diabetes." Members of the medical and dental professions are welcome at all meetings of the association.

December Meeting.

The monthly meeting of the Associated Physicians of Montclair and Vicinity was held on Monday evening, December 19th, 1921, at the Montclair Club Hall. Preceding the scientific session the speaker and other guests were entertained at dinner at club by the Executive Committee. Four new members were elected. Dr. Frederick M. Allen, Director of the Physiatrie Institute at Morristown, spoke of the "Late Results in the Dietetic Treatment of Diabetes." Dr. Allen is one of the leading au-

thorities on diabetes and before assuming his present position worked on this problem for a number of years at the Rockefeller Institute in New York City and originated methods which have meant a considerable advance in handling this disease. The paper was discussed by Dr. William C. Thro, Assistant Professor of Clinical Pathology, Cornell University Medical College; Dr. Hughes of Bloomfield, Drs. Halsey and Hanan of Montclair, Dr. Arson of Upper Montclair, Dr. Teimer of Newark, and Dr. Hunt of East Orange.

Hoboken Medical Society.

The regular monthly meeting of the society was held November 15, 1921. President Natrass was absent and Vice-President Yeaton called the meeting to order at 9.15 P. M.

Dr. Lewis presented a case of a child seven months old who had whooping cough ever since last summer. As the case would not clear up under the usual treatment, an x-ray was taken and the plate showed an enlarged Thy-mus.

Dr. Child presented a case of Otitis Media that had run a temperature of 105 to 106°, with delirium, for a few days after Paracentesis. The patient however recovered.

Drs. Pflug and Lewis discussed a case of Infantile Paralysis which they had recently seen together.

Dr. Steadman discussed a case of Infantile Paralysis which was treated by spinal adjustments during the acute stage. The patient died. Dr. Steadman presented another case, that of a Primipara in which he had performed a Caeserean Section. A peculiar thing about the case was the fact that two babies were found, one dead and one alive.

Dr. Von Desten showed the society a case of Goitre. The case was discussed by Dr. Miner.

Dr. Matthews presented a case of acute Intestinal Obstruction which he felt was of Traumatic origin. The child gave a history of having been kicked by a horse a few years previous. At operation a band was found cutting into the Caecum and causing acute obstruction.

Dr. Ziegler of Pittsburgh, Pa., showed the society some obstetrical devices of his own invention.

The paper of the evening was read by Dr. Donald Miner of Jersey City. His subject was "The Toxic Thyroid." It was a very constructive and masterly review and the subject brought out a general discussion by the members.

Jersey City Practitioners' Club.

The regular monthly meeting of the Jersey City Practitioners' Club was held on the evening of November 8th, at the Jersey City Hospital. President Woodruff occupied the chair, and twenty members were present.

After the regular business session, interesting cases were presented as follows:

Doctor Spence presented four cases of toxic goitre, with a complete history of each case, which were discussed by Doctors Bortone, Miner, Purdy and Dickinson.

Doctor Steadman described a case of Caesarean Section for twin birth, one being alive, and the other dead, (hydrocephalic); the indication for the section was a contracted pelvis. The case was discussed by Doctors Cosgrove and William Pyle.

Doctor Chambers discussed for Doctor Wallace Pyle the annual meeting of Ophthalmology and Rhinology, in Philadelphia, and spoke in detail of the post-graduate work given at that meeting. Doctor Chambers also demonstrated and discussed a case of tri-facial neuralgia.

The paper of the evening was by Doctor Bowyer; it was an interesting survey of the diseases of children, discussing the value of hospital, dispensary and school work. It was an epitome of the diseases of childhood, concisely and thoroughly stated, covering prophylaxis particularly. A discussion followed by Doctors Forman, William Pyle, I. Pyle, Sexsmith, Freile, Woodruff, Miner, Chambers, Steadman, Quigley and Dickinson.

Jersey City Hospital Staff.

The monthly meeting of the staff of the Jersey City Hospital was held November 16, 1921, at 8.30 P. M. in the hospital. The president, Dr. Immanuel Pyle, in the chair.

The hospital report for the month of October showed that 686 patients had been admitted during the month and that with 311 cases remaining from the preceding month, 997 cases were treated. 666 of the patients were discharged during the month, 146 cured, 426 improved, 14 unimproved, 38 transferred to other institutions and 42 died, at an average of 326 patients per day a month. In the dispensary, 3,456 cases were treated, 1,377 of which were new cases, 2,079 being re-visits. There were 1,093 Emergency Room treatments, 919 of which were treated in the day time and 174 at night. 469 ambulance calls were sent during the month.

Dr. C. P. DeFuccio reported a very interesting case of Edema of Extremities in a boy, ten years of age, calling attention to the fact that the case, in many respects, resembled what is known as Milroy's Disease. Drs. Nevin, Dickinson and Cosgrove led the discussion. Dr. Samuel Cosgrove reported a very interesting case of the Obstetrical service, of which he is the chief.

Dr. B. S. Pollak, attending in charge of the Tuberculosis Division of the hospital, read a very interesting paper entitled, "The Modes of Diffusion of Tuberculosis throughout the World." Doctors Jaffin, Street, Sprague, Cosgrove, Dickinson and Mooney discussed the paper.

Washington Society of Clinical Medicine.

F. J. LaRiew, M.D., Secretary.

The monthly meeting of the Washington Society of Clinical Medicine was held at the home of Dr. Chas. M. Williams, Washington, November 18.

The following officers were elected for the ensuing year: President, Dr. Samuel B. English, Glen Gardner; vice-president, Dr. Edgar Lane, Bloomsbury; secretary, Dr. F. J. LaRiew, Washington; corresponding secretary, Dr. C. B. Smith, Washington; treasurer, Dr. Thomas Dedrick, Washington, trustee, Dr. F. P. McKinstry, Washington.

Twelve members were present and two visitors. Dr. Charles M. Williams read a paper on "Pleurisy." It was well written and covered the subject thoroughly and brought out a thorough discussion in which all present took part.

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE.—The transaction of business will be expedited, and prompt attention secured if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

OUR ANNUAL MEETING.

At the meeting of the Board of Trustees of the Medical Society of New Jersey, it was decided to hold the annual meeting in the Monmouth Hotel, Spring Lake, in June. The days of the meeting and arrangements with the hotel were left for decision to a committee consisting of the President of the Society and the Secretary of the Board. The committee has decided on June 21-23; reduced hotel rates will be given and it has been planned to hold the annual banquet on the evening of June 23rd.

President Costill has appointed the following Committee on Arrangements: Dr. Martin W. Reddan, Trenton, chairman; Drs. W. G. Schauffler, Princeton; William Olmstead, Trenton; John C. Clayton and Harry W. Ingling, Freehold; James A. Fisher and William W. Beveridge, Asbury Park.

THE LAST REMINDER.

If this Journal should come into the hands of anyone who has not yet paid his dues, let him **do so at once**. As you know, all dues for the year 1922 are payable on or before January 1st, 1922. Any member, whose dues are unpaid loses his Journal, his right to medical defense and other benefits of membership.

The annual printed list of members is now being prepared and will be printed with the February Journal. We have over 2,000 members and it is very desirable that every name should appear in this printed list. If your name is not there, other members will know the reason, for there is no other reason except that your dues are not paid. If you know of any member who has not paid his dues, speak to him about it, for this notice may possibly escape his eye. Let every member bear this in mind and we will have an enrolled printed list larger than ever before.—W. J. C.

We add to the above: Let every county society treasurer send the dues paid to him to Treasurer Mercer of the State Society **immediately after he receives them**.

VOLUME XIX—1922.

The Editor will endeavor to make this volume of the Journal better than any that has preceded it. In order to do so, he must have the co-operation of the secretaries and reporters of all the county societies and the secretaries of the local societies and the hospital and other clinics. The object of the Journal, as the editor believes, is largely to set forth the work of the medical men of New Jersey, and he cannot do so unless that work is reported to him by these officers, who ought to take some pride in letting the profession in and outside the State know that their societies are alive and active, and that the entire profession in our State realizes and is proud of the fact that our State was the pioneer in organizing the profession throughout the country and is keeping abreast of the progress in medical knowledge and efficiency. We shall be glad to receive items of interest concerning our members for our "Personal Notes" columns, most of which in the past have been gleaned from the newspapers. We especially desire to be notified of every death and every marriage of members of our State Society. We exceedingly regret that in the past several months elapsed before some of them were recorded in our Journal as we had not the gift either of omnipresence or omniscience and we were not notified.

OUR PROFESSION'S NEEDS.

The year 1922 should be, and with live county and local medical societies will be, a memorable year. The present times

demand that every medical man in the State shall recognize his opportunities and responsibility for a thorough organization of the profession. Public health problems, and also scientific and political problems need careful study and solution. We merely refer to a few present pressing needs.

1. Every reputable physician should be enrolled in the medical society of his county—including those serving in State and local hospitals; he should remember that the dues for 1922 should be promptly paid. If not paid by January 15th, his name will not appear in the Official List, which is the basis of the A. M. A. rating of his standing. The Secretary of the State Society will add to that List after the 15th only **new members** elected in January whose dues have been received by Treasurer Mercer.

2. There should be far better attendance at the societies' meetings and more carefully prepared scientific programs, reports of cases, papers read by members as well as by outside essayists and all should be well discussed.

3. Careful consideration of business and political matters affecting the profession, with insistence upon the State Society Welfare Committee's proposition—**"Medical Men for Health Problems."**

4. Avoidance of careless criticism of medical men and medical measures, made to patients, or in the secular press.

5. Reporting every meeting to the Journal.

6. Every delegate — permanent and annual—should attend, if possible, the annual meeting of the State Society at Spring Lake, June 21-23. It will be a meeting of unusual importance.

We endorse the following words taken from an editorial in the Kentucky State Medical Journal:

The societies should be particularly careful in selecting their presidents and secretaries. Re-elect those officials where there work is being well done, particularly keep in office the experienced secretaries. Do not hesitate to elect a new man in the counties where the work is not being well done, as the secretary is the absolutely necessary officer in the basic work of the county society. The county society determines the value and standing of the profession of each particular county. Where there is no society, and where it does not do regular, systematic and effective work, the people do not respect the profession, prosecutions against quacks and impostors fail, and members of the profession are found constantly grumbling and quarreling not only against each other, but against the profession and the world in general. Get together! Meet regularly and

stop knocking! Remember your county society and State Medical Association are the most democratic bodies in the world, that they deserve your loyal, active support, and they will do you good in the exact proportion, and only in such exact proportion as you work in and for them.

PROFESSIONAL GUILD GETS RESULTS.

The Illinois Medical Journal, commenting on the election results achieved by our New Jersey Professional Guilds, under the leadership of our physicians, especially in the defeat of Assemblymen Eldridge, Downs, Patterson and Tozer, says: "What can be accomplished in New Jersey can be duplicated in any County in Illinois. We have several members of the Illinois Legislature that should be retired, likewise we have some men in the National Congress that should be relegated to the dump heap at the next election."

STATE SANITARY ASSOCIATION.

We congratulate the officers and members of the New Jersey Sanitary Association on the success of the 47th annual meeting held in Lakewood last month, and especially on the outlook for the Association's future. It had probably the largest attendance of any meeting held in the past and there were added 400 persons to its membership. The papers were of a high order of excellence and they were well discussed. One of the most important subjects presented looking toward the future success of public health work, was that of Dr. C. V. Craster's paper, "Co-ordination, the Need for Future Progress in Public Health." We hope to give it to our readers in the next issue of the Journal. It is full of practical suggestions for the improvement of health conditions in our State.

MEDICAL FEES AS COMPARED WITH LEGAL FEES.

A group of lawyers in Chicago were allowed over a million dollars in legal fees in settling the estate of one of our rich merchants where no particular legal skill was involved and where no question of the saving of life entered into the proposition.

Contrast the legal situation throughout the country with that of the management of the Johns Hopkins hospital which fixed a top price of one thousand

dollars for an operation, no matter how difficult the task or how wealthy the patient. The sum is a large one, and no surgeon who can command such fees is in danger of suffering for the necessities of life. But has anyone heard of a law school limiting the fees which a lawyer may charge for his services?

Apparently not. Lawyers—the high-priced corporation ones—deal with property, while surgeons deal with life; and property is by far the better paymaster.

"Skin for skin, yea, all that a man hath will he give for his life," remarks Satan in the controversy over Job. Possibly Satan was right, but the man must be brought very closely to the choice before he takes that attitude. Under ordinary circumstances, a man will pay willingly for winning a lawsuit a sum which he would denounce as rank robbery if asked by the surgeon who frees him from cancer.—Illinois Medical Journal.

We call special attention to an article by Dr. H. A. Christian of Boston, addressed to the Boston Med. and Surg. Journal, on "A Different Sort of Medical Meeting," which is inserted on page 28. It applies to our State as well as to Massachusetts and is worthy of our careful consideration.

A. M. A. CONFERENCE.

The conference called by the A. M. A. of the Legislative or Welfare Committee of Massachusetts, Rhode Island, New York and New Jersey at the Hotel Belmont, New York City, on December 29th, was well attended. It was practical in discussing the relations that had existed between the A. M. A. officials and the State Legislative Committees, and the need of more hearty co-operation on the part of the A. M. A., especially in furnishing information that the committees needed and which they believed the A. M. A. should be able to give. Dr. F. R. Green, secretary of the A. M. A. Council, who presided, admitted the justice of these claims and explained that they had not been able to obtain the desired information because of the great pressure of work and the inadequate funds to prosecute it. He promised fuller and better co-operation since he understood more fully the desires that the committees had expressed at this conference. He declared there was no desire to control the profession; that the A. M. A.

officials were the servants of the profession and would be governed by the action of its representatives in the House of Delegates.

It is our positive conviction that every State society should instruct its delegates to the A. M. A. to vote against the election of any official who, and against every measure that is in favor of socializing medicine, or in any way would tend to degrade our profession. We have far too many political schemers in high positions now. We also urge every county society to vote for the resolution sent by the Medical Advisory Committee.

The Editor, renewing his wish of a

Happy New Year

to every reader of the Journal, returns thanks to those who have sent him kindly greetings. The number has been so large and his time so occupied that he has been unable to thank them individually by letter.

We regret exceedingly the necessity of calling attention to the fact that much of our time is occupied in correspondence and in re-arrangement of matter to be inserted in the Journal that should not be required. For example—the first part of our Journal—preceding editorials—is planned in outline by the twentieth of the month and is usually made up in page form within a week thereafter. The last two days in December two lengthy county and one local society reports of meetings **held early in the month**, and other matter, that should have early insertion, were received.

That required resetting of many pages that were ready for the press, made much more work for the editor and printer, delayed the issue of the Journal and cost the Society a few dollars for printer's extra work and for "killed" matter that could not be used for lack of space. Hereafter we will delay insertion of late reports of meetings held early in the month until a later issue of the Journal.

THE NATIONALITY OF SURGERY.

From the N. Y. Medical Journal.

The following is an excerpt from an editorial concerning Dr. Lorenz's reception in America, which appeared in a recent issue of the Sun, New York, which expresses an attitude at variance with that held by many physicians in this country.

"The physician's earlier doubt as to how he would be looked upon in a nation that recently was at war with his country indicated a misapprehension. We do not in this country harbor indiscriminate grudges against the people of Germany and Austria. Our promptness in sending food after the armistice showed that Especially do we not feel animosity toward an individual whom, like Dr. Lorenz, we knew and held in utmost respect and gratitude long before a military venture at Berlin had brought distress upon Europe. Americans desire the recovery of the Central European peoples, and they desire the kind of reconciliation that such humanitarian activities as those of Dr. Lorenz should further. The world has seen too much of destruction to retain any belated ill feeling toward those who devote their lives to healing wounds and saving lives."

When we recall the fraternal courtesies shown by physicians of the warring countries to each other during hostilities, it would be well to take a broader view of the situation. The writer of this editorial was a prisoner of war in Vienna, where he was operated upon with great skill by a Viennese surgeon and received every care and attention possible. Perhaps if some of the more critical had had more actual experience they would not cling to the hysteria of the past.

Mexia Carpenters Offer Work Free on Hospital.—A committee interested in the building of Mexia's hospital appeared at a meeting of the carpenters' union and as a result of the conference with that organization the carpenters informed the committee that they would donate their work on the building.—Dallas News.

National Board of Medical Examiners.

The first examination of the National Board, under the new plan, in Parts I and II, will be held as follows: Part I, February 15, 16 and 17 inclusive. Part II, February 20 and 21, inclusive. Applications for examination should be received no later than January 15, 1922. Application blanks and circulars of information may be had by writing to the secretary, Dr. J. S. Rodman, 1310 Medical Arts Building, Philadelphia, Pa.

Academy of Medicine, Northern New Jersey.

The stated meeting will be held January 18, at 8.30 P. M. Dr. Howard Lilienthal, New York City, will read a paper on "Some Aspects of Thoracic Surgery."

The Section on Eye, Ear, Nose and Throat will meet January 9, at 8.45 P. M. Dr. Richard T. Atkins, New York, will read a paper on Indications for "Radical Frontal Sinus Operation."

The Section on Medicine and Pediatrics will meet January 10, at 8.45 P. M. Dr. M. Keshner, New York, will read a paper on "Epidemic Encephalitis."

The Sections on Surgery and Gynecology and on Obstetrics, will meet January 24, at 8.45 P. M. Papers will be read as follows: Meltzer-Lyon Method of Non-Surgical Biliary Drainage, by Dr. Maurice Asher; Indication

for Local Anesthesia in Cesarean Section, by Dr. E. Z. Hawkes; The Fallacies of High Tracheotomy, by Dr. H. B. Orton.

Meetings all at 91 Lincoln Park, Newark.

A DIFFERENT SORT OF MEDICAL MEETING.

Communication of Dr. Henry A. Christian of Boston, to the Boston Med. and Surg. Jour.

I have just returned from a meeting of the Tristate District Medical Society (Illinois, Iowa and Wisconsin) which is so different from most medical meetings that I think the Journal readers will be interested to hear about it.

The underlying idea of this meeting is that it should give instruction. With this idea the members come prepared to work. As the manager puts it, "If a doctor does not wish to work we do not wish him to come." Work they do. The meeting occupies four days. Each day it begins at 7 A. M. and ends at 10 to 11 P. M., with one hour or less for luncheon and two hours or less for dinner, and four short intermissions to get a bit of fresh air. The program is all scientific program except the last night when there is a banquet and speeches. The meeting hall (there is but one; no sections) is filled at every session and nearly always there are standees who cannot find a seat. All meetings were in the same room in the City Auditorium, and patients for clinics were brought to this place from the hospitals.

Does this sort of a meeting fill a need? The other day in Milwaukee nearly one thousand practitioners of medicine indicated that they thought so by registering and attending as many days as they could get away from practice.

What manner of papers do they have? The forenoons are devoted to diagnostic clinics, the afternoons and evenings to papers and lectures. At Milwaukee there were present over twenty invited guests from beyond the confines of the component states of the Society. The type of medicine presented is indicated by the fact that the list of speakers included the Professor of Physiological Chemistry, University of Wisconsin; the Professor of Medicine, University of Illinois; the Professor of Orthopedic Surgery, Bellevue Medical College, New York; the Professor of Medicine, University of Pennsylvania; the Professor of Pediatrics, University of Louisville; the Professor of Medicine, University of Indiana; the Professor of Surgery, University of Chicago; the Professor of Medicine, Columbia University; the Professor of Surgery, University of Michigan; the Professor of Pediatrics, University of Pennsylvania; the Professor of Orthopedics, University of Nebraska; the Professor of Medicine, Jefferson Medical College; the Professor of Surgery, Western Reserve University; the Professor of Surgery, McGill University; the Professor of Surgery at Stockholm, etc. Both practical demonstrations and theoretic discussions were listened to with profound attention.

I had the honor to give these men a clinic on the morning of the fourth day and to close their program with a lecture of nearly one hour. At five o'clock, as I ended, the hall was filled as it had been from 7 A. M. to 10 P. M. or later, for three days and from 7 A. M. that

morning, with attentively listening men. It was an inspiration to talk to such an audience.

Such a meeting and such enthusiastic attention I never imagined could be possible, but it is a reality and the Society is raising a \$100,000 endowment by voluntary subscription of the physicians to perpetuate and improve this kind of a medical meeting. What is being accomplished by these men in the Middle West, I trust, may suggest ways of improving the annual meeting of the Massachusetts Medical Society. Why not make ours a meeting that will bring to its members real post-graduate instruction and an opportunity to see and hear the leaders of the profession in the entire country as has been done in Iowa, Illinois and Wisconsin? I would not suggest necessarily imitation of the Tristate; a different thing might fit better to our local needs, but I am sure that the success of the Tristate indicates clearly that our meetings can be very much more worth while than they are to the practitioners of Massachusetts.

Therapeutic Notes.

For Influenza.

Extracti aconiti, gr. ijss.

Quininae sulphatis, gr. xxiv.

Pulveris ipecac et opii, gr. xij.

Acetphenetidini, 5j. Misce.

Fiant in capsulas No. xxiv.

Signa. Take two every three hours.

Itching.

To relieve itching in urticaria, dermatitis, smallpox, etc., take for a wash:

Menthal, 75 grains.

Chloroform,

Aether,

Spirit camph., of each ½ ounce.

After wetting the itching spots cover or dust them with amylum or cinci oxidum.—Dr. Zwigtmann in Med. Summary.

Pruritus Ani.

If the skin is dry, hard or cracked and seems in need of nourishment, this ointment can be used:

Sodium bicarb., 5 grs.

Bismuth subnit., 20 grs.

Glycerin, 10 mins.

Tallow,

Lard or Lanolin, aa., 2 drs.

Sig.: Hot ablutions night and morning, then apply ointment after drying thoroughly.

Abortive Treatment of Gonorrhea.—Dr. Boyer recommends the following solutions, to be used first, to bring about a profuse exudation, which carries with it the gonococci, to exert a powerful antiseptic action, the treatment to be begun not later than the third day of the discharge.

1. Collargol, 1.50.

Glycerin, 30.0.

Distilled water, 250.0.

2. Permanganate of potash, 10.

Distilled water, 300.

The patient, after micturating on rising in

the morning, injects into the urethra 10 c.c. of the first solution, using a small glass syringe, and keeping the meatus closed by means of the left thumb and forefinger. After holding the fluid in the urethra for four or five minutes, the excess is allowed to run out and a small plug of cotton wool applied. At noon, after urinating, the patient washes out the urethra with a dozen syringefuls of the second solution, retaining the last syringeful for four or five minutes. Another injection of the first solution is given at two o'clock, and at 7 o'clock the urethra is washed out with the second solution. The discharge is generally found to be free from gonococci after the third day, and from the sixth to the eighth day the discharge ceases.—*Journal des Practiciens.*

Prognosis and Treatment of Scarlet Fever.

According to H. Brooker Mills, in the *Therap. Gazette*, the prognosis depends upon: One—Amount of poison that has been absorbed. Two—Whether the child is weak and delicate or strong and robust. Three—The occurrence of complications, especially cardiac, pulmonary, renal and otitic. Very high temperature indicates a bad prognosis. The best prophylactic treatment is the removal of enlarged and diseased adenoids and tonsils.

Put the patient to bed and give an initial course of calomel followed by a purgative. Treat the temperature hydrotherapeutically—i.e., sponge baths, colonic irrigations, ice-bags, etc. In cases of very high temperature, wrap the child, once a day in a blanket and place it in water at a temperature of 90° to 95°; keep it there for from ten to twelve minutes; take out of wet blanket and place in dry blanket and give inunction of cacao butter. Try to have two rooms, one for day and one for night, preferably with a sunshiny exposure. Keep temperature of rooms 68° to 70°.

For itching during desquamation use warm baths followed by cacao butter inunctions. The diet should be liquid and nourishing. If the child is breast-fed, have the milk pumped from the breast and fed to the child. If a bottle-fed infant, give half milk and half vichy water. Orange juice is very beneficial. Lemonade is good, especially if one adds to every pint one drachm of cream of tartar. Give water freely. Avoid the use of salt and exclude soups and bouillon from the diet.

As to the toilet of the nose and throat: Swab, spray, or gargle with alkaline solutions. Potassium permanganate, gr. ss. water 3i, is a good solution to use four times a day. After using this solution instil in each nostril a few drops of an oily preparation, such as

Menthal, gr. x.

Phenol cryst., gr. ii.

Ol. eucalypt, f3ss.

Liq. albolene, q. s. f3ij.

(Too much menthol; 2 grs. to 2 ozs. is quite sufficient.—W. J. R. in *Critic and Guide*.)

The only drug usually necessary is potassium citrate in 2 to 5 grain doses, or liquor potassii citratis 15 to 20 minims, three times a day. Do not use nitre too freely.

If renal inflammation develops, poultices applied over the kidney region may do good. Make flaxseed poultice with 16 parts flaxseed and one part mustard, or four parts flaxseed and one part digitalis leaves. Put on every

four hours during the day, and keep on hot for half an hour. For stimulation, caffeine-sodium-benzoate in one-half grain doses hypodermically is among the best. Digitalis and strophantus, the latter especially in very young children, may be employed by mouth.

The value of antistreptococcal serum is doubted.

Be always on the lookout for complications and remember that otitis may develop and be the cause of considerable fever without any pain being present. A daily examination of the urine should be made. A physician should not attend an obstetric case while in attendance upon a scarlet fever patient.

Abuse of Cathartics.—Dr. L. Buckle, in the Critic and Guide, has an excellent article on this subject on their extensive use by the laity, he says: "When judiciously, scientifically and timely used, cathartics serve a very useful and happy purpose. Unfortunately, however, cathartics more than any other drug, official or non-official, have been woefully abused by the laity and employed with extreme carelessness." After citing some cases, he concludes:

It is up to the physician, of course, to spread the knowledge among the people that cathartics are by no means such harmless drugs as they think and that care in the use of these drugs and a doctor's advice where to use them, are as important as in other remedies. Until that knowledge reaches the laity, the abuse of cathartics will go on.

Palpation and Its Classification.—With people who suffer from repeated attacks of auricular flutter, Louis Faugeres Bisnop, New York, claims it is good policy to keep a certain amount of digitalis in the system so that an attack may be more quickly controlled when it occurs. Not all attacks of flutter, however, are converted into fibrillation by digitalis. In many cases the attack terminates abruptly on the use of digitalis, and the heart is at once made regular, except, perhaps, for the occurrence of premature contractions for a short time.

Psoriasis: Its Cause and Cure.

The Critic and Guide refers to an article by Dr. P. Kilroy of Springfield, Mass., in The Archives of Dermatology and Syphilology, as follows:

It is only a cutaneous inflammation caused by an external organism; in its treatment, internal medication is pointless and profitless; the problem of its cure, which is, after all, the only phase of the question that justifies our interest in its other phases, will be solved by concentrating our efforts on discovering this external organism, and, pending that, on trying to find, empirically, the local application most antagonistic to the growth of the unknown factor. * * * I now treat, often cure, and always help psoriasis by the use of an alcoholic lotion containing from 5 to 15 per cent., each, lactic acid, salicylic acid and liquor formaldehyde, with a weak percentage of mercuric chlorid. Which of these affects, directly, the agent of the disease, and which may but modify the conditions favoring its propagation the reader can only surmise—though he may lean to the latter. A cure attained does not insure against return; no cure does. Probably no cure ever will.

Hospitals; Sanatoria.

Muhlenberg Hospital, Plainfield.—During November there were 300 patients admitted to the hospital. There were 201 operations performed.

Paterson Hospitals Remembered.—Under the will of the late Mrs. Rebecca B. Cooke, the Paterson General Hospital will receive \$20,000 and St. Joseph's Hospital \$5,000.

Salem County Memorial Hospital.

Report of the Salem County Memorial Hospital for the month of November: Admissions, 49; discharges, 55; births, 6; deaths, 3; accidents, 20; operations, 35; x-rays, 21.

Bonnie Burn Sanatorium.

Dr. J. H. Runnells, superintendent, reports for November as follows: On Nov. 1st there were 260 patients in the Sanatorium, 142 males and 118 females.

During the month 25 patients have been admitted, 18 males and 7 females. Twelve of these admissions went to the Preventorium. Among these admissions there was one readmission. The admissions are classified as follows: Pretubercular, 12; incipient, 0; moderately advanced, 1; far advanced, 12.

The largest number of patients present at any time during the month has been 273; smallest number 259, present Nov. 26th, 269. This includes 80 children in the Preventorium.

Model Sanatorium.—Dr. J. M. Jorge, in *Semana Medica*, Buenos Aires, devotes forty pages and 21 illustrations to the seashore sanatorium and solarium at Mar del Plata.

From 200 to 230 tuberculosis children are given treatment there during the year, besides its "vacation colony" for numerous others who seem to be candidates for tuberculosis. The aim is a complete and durable cure, and the child is kept until this is realized.

Special Duty of Hospital.—The paramount special duty of a hospital in order to serve its particular purpose in the large medical development must be to afford its patients the best possible care at the least possible cost in time and money not only to the institution but to the individuals concerned, patients and servants alike.—J. L. Yates, Hospital Progr.

Maternity Hospitals.—Maternity hospitals call for much the same procedures and practically the same problems as do the general hospital so far as the executive, financial and general administrative affairs are concerned; but when you undertake to analyze its special functions as related to science and its place in the community, then it looms large as a specialty and requires its own special machinery. It is most gratifying to note the signs of awakening in the public mind to the need of using every means to preserve and conserve human life, and the opportunity of the maternity hospital was never before so great as it is today. Such a hospital that can claim nothing beyond giving suitable care in confinement is falling far short of the purpose it could and should

serve. A maternity hospital should represent in its community a stronghold from which emanates the strongest possible standards and practices involved in child bearing and child life; and it is just here that the administration of such a hospital begins to take on aspects not so applicable to the general hospital.—N. E. Cadmus and M. LeJeune, Hospital Social Service.

Function of Hospital Social Service.—A large part of hospital social service is preventive education in hygiene, sanitation, nutrition and domestic habits, all of which are vital to public health and normal life. This kind of treatment constitutes a large part of the new private practice of the physician and it has taken the place of prescribing tablets and infusions. When the health problem is caused or aggravated by a social problem so serious that no effective remedial work can be done until the latter is solved, the case should be immediately referred to a specialized agency, while the hospital social service department continues the health care.—Hospital Social Service.

Marriage.

HULETT-McQUILKIN.—At Orange, N. J., December 19, 1922, Dr. Albert Groves Hulett of East Orange, to Miss Frances Elizabeth McQuilkin of Orange.

Deaths.

GOODWILL.—At Laurel Hill, N. J., December 2, 1921, Dr. John Jones Goodwill, medical director of the Hudson County Hospital, from pneumonia. During the World War he was major in the U. S. Medical Corps; was eighteen months in active service in France.*

IN MEMORIAM.

J. Anson Smith, M.D.

At a special meeting of the Camden County Medical Society, held October 31, 1921, the following preambles and resolutions were unanimously adopted:

Whereas, Dr. J. Anson Smith has been associated with this society for nearly twenty years, and has always shown an active interest in its welfare, and has honorably served as its president; and,

Whereas, He has been engaged in general practice in Blackwood and vicinity for twenty years and upwards, and by his efficient and faithful ministrations has endeared himself to the members of this society, to the profession at large, and to general public; and

Whereas, He has also served for twenty years and upwards, as physician of the Camden County Hospital for the Insane, and further, since the spring of 1921, has also served as superintendent to said institution; and,

Whereas, It has pleased Almighty God in his wisdom to take him from our midst, on October 27th, 1921, in his fiftieth year, thereby

bringing to an abrupt and unexpected close, a life of great usefulness and of a bright and promising future:

Therefore, Be It Resolved, That it is the sentiment of the members of this society that not only they, but the public has lost by his death, a beloved practitioner; and friend: that this society hereby expresses its heartfelt sympathy to his family in their bereavement; and,

Be It Further Resolved, That a copy of this resolution be spread on the minutes of the society, and that a copy thereof be duly engrossed, and presented to his family.

Committee: Drs. Jos. E. Hurff, F. William Shafer, A. Haines Lippincott.

Personal Notes.

Dr. Henry B. Costill, Trenton, president of our State Medical Society, was given a testimonial dinner by the Mercer County Medical Society on November 9th.

Dr. Eugene H. Goldberg, Kearny, was quite ill last month.

Dr. Frederick P. Wilbur, Franklin, has resigned as surgeon in charge of the Franklin Hospital after fourteen years of service.

Dr. Henry A. Cotton, Trenton, has arranged a bacteriological and pathological exhibit of the work at the N. J. State Hospital to be presented at the annual meeting of the American Academy of Dental Science at Trenton, January 9-11.

Dr. William H. Murray, Plainfield, for many years senior attending surgeon at Muhlenberg Hospital, has resigned. He will in the future be consultant in general surgery.

Dr. Clarence W. Way, Sea Isle City, expects to sail on the S. S. George Washington on Feb. 14, 1922, for a three months' vacation visiting the Azores, Madeira, Spain, Sicily, the Holy Land, Athens, Constantinople, Syria, the Riviera and Paris.

Dr. James Spencer Brown, Montclair, who is spending the winter at Pinehurst, N. C., spent a few days last month in Montclair.

Dr. E. E. Bond, Caldwell, is having a lot of fun out of his recently announced intention of being a candidate for nomination for United States Senator on the Democratic ticket at the primaries in the fall.

Dr. Edward G. Sheehan, Weehawken, was attacked by three intoxicated men while on the Hudson Boulevard, going to see a patient, at 12.30 A. M. Dec. 18th. He escaped without serious consequences.

Charles L. Flemming, Pennsgrove, has been appointed medical examiner of the schools of Upper Penns Neck.

Dr. Clayton A. Mentzer, Carney's Point, has moved to Newark, N. J.

Dr. Harry Cherashore, Nutley, was elected sergeant of the Edgar Post, Veterans of Foreign Wars, recently.

Dr. W. W. Sisserson, Westfield, was recently elected surgeon of the local American Legion.

Dr. J. Boone Wintersteen, Moorestown, was recently elected commander of the local American Legion.

Dr. Robert B. Wilson, Red Bank, was recently elected one of the trustees of the Monmouth County Fish and Game Association.

Dr. Paul O. M. Andrae, Jersey City, and wife are being congratulated on the arrival of a baby girl in their home.

Dr. John Cassidy, Jersey City, recently returned from a trip to New Orleans.

Dr. William T. Callery, Weehawken, has removed his office to 4 Potter place.

Dr. William W. Maver, Jersey City, has removed his office to 532 Bergen avenue.

Dr. Herschel Pettit, Ocean City, has been elected one of the directors of the local Kikanis Club.

Public Health Items.

Newark Health Report.—The death rate for November was 9.6 per 1,000 persons, compared with 9.9 for previous month and 10.9 for same month last year. There were 341 deaths, 86 of children under five years of age and 194 of persons more than 45 years of age.

State Department of Health.—The monthly report for August shows that there were 2,971 deaths in the State, 596 of children under one year of age, 178 between one and five years and 930 of persons aged 60 years or more. The death rate was 10.34. There were 220 deaths from tuberculosis; 232 from cancer; 31 from diphtheria. During the month of September there were 2769 deaths, 509 under one year of age, 163 between one and five years and 874 of 60 years and over. The death rate was 9.82. The leading causes of death were: Tuberculosis, 218 deaths; cancer, 244; infantile diarrhea, 233; Bright's disease, 216; pneumonia, 54; diphtheria, 34; typhoid fever, 25; diseases of the nervous system, 321.

New Jersey Health Report.—During November there were 2,979 deaths in New Jersey; the death rate was 10.72. There were 413 deaths among children under one year, 147 over one and under five years and 1,172 among persons of sixty years and more. There were 18 deaths from influenza and 149 from pneumonia.

Vaccination Protects.—In 1878 an outbreak of smallpox in a certain district of India carried off 58,000 natives who did not believe in vaccination. Finally, one tribe, the Thakers, who practiced infanticide, allowed their female babies to be vaccinated, thinking it an easy way of getting rid of their surplus offspring. Later came a second visitation of smallpox and killed nearly all of the unprotected male children, leaving the vaccinated girls untouched. —Bulletin, Chicago School of Public Instruction.

Infant Deaths and Syphilis.—Syphilis is an important cause of infant death as well as of miscarriage and stillbirth. The essential factors in preventing syphilis among children are

the discovery and proper treatment of adult carriers of the disease. Of course it is important to treat children who are infected; but since it is the infected adult and not the infested child who spread syphilis, it is especially important that the infected adult be treated in order to prevent further spread of the disease.—M. Knowlton, Pub. Health Rep.

Closing School as a Means of Controlling Epidemics.—The successful control of epidemic diseases among school children requires: 1. Keeping the schools open, with the possible exception of sparsely settled rural districts when medical inspection cannot be obtained and where aggregation takes place only in the schools. 2. Careful daily or frequent periodic inspection of schools. 3. Careful provision for the exclusion of cases and contacts, emphasis being placed on clinical data rather than on fixed periods of exclusion. 4. Systematic home visitation. 5. Reliance on natural and physical cleansing rather than on chemical disinfectants.—Pub. Health Rep.

Reliability of Wassermann Test.—A certain number of active cases of syphilis in the third or tertiary stage will give negative Wassermanns. This is especially true if the patients have had partial antisymphilitic treatment and have relapsed because the treatment was not completed. The Wassermann test is valuable as an aid to diagnosis and also as a guide to treatment, but the interpretation of its meaning should not be attempted by a person other than a physician. It is often difficult enough for a physician to estimate accurately the worth of a Wassermann test. Certainly such estimates cannot be made by a person without special knowledge of the subject.—M. Knowlton, Pub. Health Rep.

Tuberculosis in France.—Dr. Baillon, laureate of the Faculty of Medicine of Paris, has come to America to reveal how serious the tuberculosis peril is in France. He is president of the Franco-American Committee of Fight Against Tuberculosis and is seeking members. Dr. Baillon says there are 1,900,000 cases of tuberculosis in France and not more than 10,000 beds available for the invalids. The number of deaths has reached 20,000 a year.

Child Health Exposition in France.

Paris, October 10.—The American Red Cross "Child Health Exposition," which has been touring the larger cities of Devastated France since May, closed its season this week at Valenciennes. During the past five months, it has "shown" for periods of two to three weeks in six French cities, Lille, Roubaix, Tourcoing, Cambrai, Douai and Valenciennes, besides a month in Paris. The attendance at the Exposition has averaged about 5,000 persons daily.

Every feature in the rearing of children according to the soundest and most approved methods was shown in the exhibition. Several French and American organizations joined with the American Red Cross in providing the various specialized departments. The American Committee for Devastated France, the Bordeaux Training School for Nurses, the French Red Cross, and the Jardin des Enfants, were among the co-operating organizations.

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IMPORTANCE OF CAREFUL DIASTOLIC BLOOD PRESSURE OBSERVATIONS IN CARDIAC AND CARDIO-RENAL DISEASES; WITH REPORT OF CASES.*

By **Clarence L. Andrews, B.S., M.D.,**
Atlantic City, N. J.

The more we approach the depths of scientific medicine in its truest sense and the more the many tests and analyses of clinical, physiological and pathological anatomy become clarified, the more evident it becomes to us that there are no separate systems of the body as such, but that each is so intricately inter-related with some other portion of the body either anatomically or physiologically, that he who centers upon any one method of diagnosis as being a short cut to disease or a royal road to treatment, shall be hopelessly lost. Paraphrasing the expression that there is no short cut to Godliness—neither do I think there is any short cut to diagnosis. The clinician who thoroughly understands the normal physiology and anatomy of the body and is able to recognize the abnormal in terms of these, has his house in order for doing good work. Therefore, allow me to say at the outset that blood pressure readings per se, as we see them today, are in the same category with any of the other separate manifestations of a normal or abnormal physiological or pathological condition and is but another positive or negative sign in a group of symptoms which when properly compiled lead to a scientific conclusion. Take for instance, the kidney, the recent work of Hare and

others show that the kidney is not only an organ with each portion apparently capable of doing different work, but has led recent investigators to look upon it as being a group of organs, each doing a separate work and when called upon to do so seems to vary its work to meet the new condition. The same we know holds true in the glandular system when one gland apparently takes up the work of another or if removed by excision, has its work carried on by another gland through sympathetic change. Then too, as was so beautifully brought out recently by Thomas R. Brown of Balto., the gastro-intestinal system cannot be viewed as a separate system, per se, as so many gastro-intestinal diseases are dependent upon the circulatory and nervous system and vice versa. Therefore, blood pressure when properly and completely taken, is but a blue or red flag, so to speak, depending upon the condition, in the road leading toward a successful conclusion which the clinician must at least recognize and may be the deciding point in allowing him to arrive at a clear cut and scientific diagnosis.

Presuming that the usual term, blood pressure or systolic pressure as taken by the average doctor of today is so well established and generally understood that it is not necessary for me to attempt to bring it before you, the writer has omitted it from the title of his paper. Moreover, it is not the purpose of this paper to attempt to bring forth anything original or new concerning the behavior of the heart and kidney in cardiac and cardio-renal disease, nor to discuss at great length any of the intricate physiology or pathology of these two great systems as we know them today, but to try to bring before you certain suggestive facts which have been recorded in the literature of

*Read at the 155th Annual Meeting of the Medical Society of New Jersey, at Atlantic City, June 15, 1921.

the past, supplemented by some clinical observations of his own which he has followed and interpreted as being of therapeutic value. Moreover, to try to enliven a further interest in a phase of blood pressure reading which many of us have doubtless passed by as being of little value—namely, careful diastolic as well as systolic blood pressure readings in every case.

Like all new aids to diagnosis, blood pressure at first met with the usual ups and downs of popularity ranging in degree from those who put no dependence in it at all to those who thought it to be of very great value. It is to those who have doubted its clinical importance that I wish to invite a new interest and try to direct my remarks. Perhaps no phase of clinical medicine has made greater strides during recent years than that of blood pressure estimation, however, not at all commensurate with the effort expended. Many attempts have been made to place it upon a scientific basis and great volumes of data have been compiled by hospital staffs, insurance companies, and private individuals, but from all of this great mass of conflicting material, no definite conclusions could be drawn. These great differences were not limited to cases observed by different doctors under varying circumstances alone, but occurred as well in the same cases taken at different times by different men and often in the same case taken by the same man. These discrepancies we feel today were due largely to the cumbersome blood pressure appliances used at first and to the tactile method employed which allowed one to take only the systolic or maximal reading which is the most variable and easily influenced by extrenuous causes of any of the rest. With the advent of the auscultatory method of pressure readings, however, which made it possible for one to very easily estimate the diastolic, the systolic and the pulse pressure, a great step forward was made. Great discrepancies which had formerly crept in, due to faulty technique and differences in individual tactile touch began to give way, as by ordinary care and practice several observers could obtain similar readings in a given case. Now having successfully determined by the new method that there were several phases of blood pressure reading known as the diastolic, systolic and pulse pressure, which could be easily read, the ques-

tion next arose, was, what was the significance of these different phases of blood pressure and physiologically what did they imply? It now seems to be quite well established that the pressure system may be defined in the following way: The diastolic pressure is the pressure left in the circulation during the short interum between heart beats or when the heart is at rest or filling up, or the force present in the blood stream which the heart must overcome to force open the semilunar valves, and the systolic pressure is the force imparted to the circulation by the contraction of the ventricle. The difference between the diastolic and the systolic pressure is the pulse pressure. Rowan has likened the blood pressure to a city water supply system in which the diastolic pressure is the ordinary pressure ever present in the water pipes and water mains which enables it to constantly flow and the systolic pressure as being like the added force produced by the stroke of the fire engine in action which sufficiently increases the force to cause it to rise to great heights in case of fire, and the pulse pressure the difference between the two. Now if we place a blood pressure cuff about the arm and a stethoscope in the bend of the elbow, as the cuff is inflated there will be no sound heard until the pressure exerted reaches the outer wall of the brachial artery. This we designate as the diastolic pressure. If the pressure in the cuff is continued till the brachial artery is completely occluded, no further sound will be heard, we call this the systolic pressure and the difference between the low and the high is the pulse pressure.

Having been able to observe these three phases of blood pressure reading which we felt to be physiologically true, then what forces are there in action which make these vary and if we are able to measure these variations, what clinical value do they have? Many theories have been advanced about their significance, some of which apparently explain certain cases, but fail utterly to explain others of a similar nature. The greatest amount of work done at first to try to solve these problems was directed largely toward a study of the physical side, using the character of vessel wall and the structure of the kidney as a working basis. Feeling perhaps that the blood pressure was a compensatory sys-

tem largely influenced and physically controlled by the kidney and arterial structure. Hence to know the working condition of the renal and arterial systems would explain it all. Very careful histological studies were made of the kidney and arterial structures and an attempt made to correlate these facts with the pressure findings. This led the investigators into deeper and deeper water because of the fact that very little they found out was constantly true. Each observer found practically a different thing and soon blood pressure values, as taken at first, held a very low status. However, by the use of the arm cuff of Riva Rocci and the auscultatory method by means of the stethoscope, they were soon able to differentiate blood pressure into its three component parts, namely the high, the low and the pulse pressure and saw for the first time that the systolic pressure when taken alone, only showed one phase of the pressure reading, which in many cases was quite variable and explained in a way just why there had been such differences in observations, not only with different investigators, but with the same observer on the same case at different times. That its value was very similar to the correctness of a urea nitrogen estimation in a given urine when one does not know the intake of nitrogenous food—in other words, one-sided data. Several cases, for instance, might each show a pressure of 200 systolic with quite variable diastolic and pulse pressure readings therefore could not physiologically present similar symptoms. Neither did a certain type of nephritis or kidney disease, found at post mortem, give similar symptoms before death, because in several cases of similar kidney findings the blood pressure would not be alike and finally in cases with like pressure readings, similar kidney findings, at post mortem, and equally hardened blood vessels, the variations clinically before death would be just the same.

Following the physical idea of the kidney and arterial structure came finer quantitative and qualitative estimation of urine for nitrogen excretion as urea and other nitrogenous products in the blood and alveolar air which led observers to formulate various theories regarding blood pressure based upon these findings. Some thought hypertension was due to waste products in the blood stream which acted as irritants upon the

vessel wall, thus causing increased resistance and consequent rise in pressure. Others thought that the toxic substances in the blood acted either directly or reflexly upon the adrenal glands causing hypersecretion of adrenalin and in that way produced hypertension by vasoconstriction of the arterioles. Others thought it to be due to lack of general elimination by the kidneys which produced increased viscosity of the blood and consequent need of a greater force of the heart to drive the dense blood through the restricted capillary blood bed. Still there were others who laid the cause of hypertension at the feet of increased salt retention in the blood and the inability of a damaged kidney to excrete salt. Against the theory of increased waste products in blood as being the cause of hypertension, came the cases of uremic poisoning in which there was no rise in blood pressure. Against the theory of general lack of elimination due to bad or pathological kidneys which allowed these toxic products to accumulate, came the cases of acute renal suppression, as in bichloride poisoning, in which there was no urinary excretion, yet usually showed a fall in pressure and finally to offset the theory of increased salt retention in the blood as being the cause, there was no constant fall in blood pressure when salt was withheld from the blood.

This leads us next to the more modern studies of blood chemistry for non-protein nitrogen retention and its allied products, renal functional tests and careful cardiac studies which seem to have advanced us somewhat further toward the light, yet there is no constant proof which can explain the real cause of hypertension or increased blood pressure in its truest sense. On the other hand there seems to me more and more as we are able to determine in an accurate way the end products of protein retention by chemical analysis of the blood, the degree of kidney function by quantitative and qualitative urinary secretion; x-ray shadows and electrocardiograms of the heart, and blood pressure observations as expressions of the forces of these organs in physiological action, that we are rapidly approaching a time, if not already present, when we shall know in a definite way the real meaning and the true causes of hypertension in a given case. Everything points toward the fact that the diastolic pressure is the basic or fundamen-

tal pressure and that the pulse and systolic pressures are built upon that. Moreover that the systolic pressure is apparently more under the domain of the emotional nervous system and is accordingly more subject to fleeting causes than any of the rest.

Melvin and Murphy, two noted British observers, working upon healthy children ranging in age from five to fourteen years of age, tried for the first time to establish the normal blood pressure in young healthy children in order that they might determine the abnormal in later life. In this investigation they came to the conclusion that without both the systolic and diastolic pressure in every case blood pressure was not worthy of the name. That there was always a constant pressure—the diastolic and upon this the others are superimposed. Therefore before there was a method of determining the diastolic, which represents the circulatory strain, there could be no credence put in blood pressure reading. In these forty children who showed no evidence of cardio-renal disease, they found the average systolic pressure to be 108.1, diastolic 72.4 and pulse pressure 35.7. In adults of corresponding fitness the systolic was 118, diastolic 65.7 and pulse 46. Therefore there was very little difference between the systolic pressure of children and adults, but the diastolic was higher and pulse pressure lower, due perhaps, to relatively smaller sized heart and less force to the ventricle. Rowan in examining five hundred cases of healthy adults ranging in age from twenty to sixty, added further to the above data giving us a basis in the normal ranging in age from five to sixty. This seems to me to be a splendid foundation upon which to work. He too thought the diastolic pressure to be of greater diagnostic and prognostic value than the other two. That a diastolic over 100 was due to narrowing of the lumen or vasoconstriction or fibrosis, yet in true athroma cases the diastolic was usually decreased. If constantly above 105, he thought the vessel wall was the cause. Since the advent of blood chemistry, basal metabolism and correct excretory functional tests, as previously said, we are approaching a time when we shall soon know, perhaps, just what role the blood pressure plays.

In my own work which has been based largely upon clinical and post mortem findings, there remains a great deal yet

unexplained. About the time one arrives at a conclusion, he is forced to admit its converse. But why should we hold blood pressure to such great account in so intricate a mechanism as the human body, when we do not expect the same of pain, temperature, respiration and the blood picture as they are each a factor in a given case and adds one more leg to the usual triad of symptoms which characterizes a given disease. Moreover, as was shown by Mortenson of Battle Creek Sanitorium at the A. M. A. at Boston, and others, even position has a marked effect upon blood pressure readings in that even the effort of sitting up or standing up made a difference which varies more if the myocardium is weak. Each organ or system, in the words of John B. Deaver, speaks a language of its own which when properly heard and correctly translated by the clinician, helps to form the sentence of physiological or pathological function, as the case may be, which can be easily read.

How difficult would it be for us as physicians, if we were deprived of the history of onset in gastro-intestinal disease; how far could we go in diagnosing typhoid fever without the temperature and pulse rate and what certainty would we feel in our treatment of acute infection without a leucocyte count. Yet, no one would care to rely upon any one of the just mentioned findings if taken alone. However, if added to the other symptoms, in a given case a certain suggestive picture is presented, which we term diagnosis. Just so it is with blood pressure when taken in conjunction with the heart and kidney findings. In all new aids to diagnosis, if it does not form the whole picture of disease, we are prone to say that it has no value, forgetting, I am afraid, that if a single symptom or physical finding characterized a given disease, it would fall in the class with plumbing or any exact science and not be the scientific subject it is today. My contention is that blood pressure when carefully taken and attention is paid to all of its phases, it adds a great deal to one's knowledge about a given case and should enable the doctor to better prognosticate a given case; moreover, should suggest to him along what avenues of the body to search for the proper etiology in a given condition.

Prof. Hare in examining soldiers for military fitness found that under nervous

strain the systolic pressure might vary 15-20 points, due to that alone. That a systolic 185 at first might settle down to 160 when the individual became composed and normal. That the significance of this range of pressure was more dependent upon what the heart and kidney examinations showed than upon anything else. Moreover, that a systolic of 180 did not have anything like the grave significance attached to it, that a feeble heart or bad kidney would have with a systolic of only 160. Furthermore, if the kidney and heart examinations showed them to be in fair condition the significance of the pressure could not be determined except by comparing the systolic with the diastolic under rest and exercise. If the diastolic was constantly above 110-115 the high systolic meant a greater strain upon the heart. If in high systolic pressure cases where there was only 10-15 points between the systolic and diastolic, there was usually a poor heart reserve. If slight exertion like going up 20-30 steps caused a fall rather than a rise in blood pressure, the individual was incapable of enduring physical or mental strain. A high systolic pressure alone, unless it endangers the blood vessels in the brain has nothing like the gravity attached to it that a high diastolic or low pulse pressure or a fall of pressure upon moderate exercise. If one holds to the idea that blood pressure is a disease within itself, and is not an expression of other things in the body which must be sought out and found just as one does in a case of fever where the cause must be explained or a case of vomiting where there is no apparent cause, then he must read all of the phases of blood pressure, if he wishes to get the most out of it and not depend upon the systolic alone.

In Atlantic City, where so many cardio-renal cases come, because of the fact that doctors recognize the value of seashore air in their treatment, and send them here, we have a splendid chance to see the blood pressure in its many phases. Therefore, in my own work I have come to look upon my pressure records, particularly as we taken them now as being of great help in treating these cases. I have tried to classify them into the following groups: 1st, Hypertension without any apparent cause, as was reported by Dr. Reissman with diastolic below 100 usually found in ladies about the menopause and which tend to right them-

selves as the menopausal symptoms are alleviated. 2nd, Hypertension with a diastolic above 110 which responds to rest and eliminative treatment and drops below 100; 3rd, hypertension with a diastolic above 110 which does not respond to the usual treatment but remains at or above 100; 4th, systolic about normal for the age of the individual not over 160 with a diastolic constantly above 110; 5th, hypertension with diastolic constantly above 110 which begins to fall without any apparent cause when the body is under a strain.

Report of Cases.

Case 1.—Mrs. M., age 50, married, lady of leisure, complained of peculiar pains in her head dating from menopause three years previously. Family history was negative and her past history unimportant. When seen by me she was quite dizzy and did not feel well. Examination showed a nervous apprehensive woman. Heart enlarged both ways, pulse somewhat rapid and blood pressure 210-90. Usual treatment of elimination, digitalis and nitroglycerine were used but as soon as they were stopped, pressure went up again; ovarian extract was next given and all symptoms got better and pressure came down to 165-80 and has remained there for several months. She takes a great deal of exercise now and does not seem to need any medicine any longer and says she feels like a young woman again.

Case 2.—Miss M., age 48, single with no special duties to perform, who complained of severe headache and precordial pain when first seen. The chief point of interest in her family history was that her father died of heart disease. In her past history, she had had no severe illness except great deal of headache of migrane type, but was always of a nervous temperament and when her mother died took a mother's place over her younger sisters and brother and had a great deal of responsibility. Two years before I saw her, she had an acute attack of nephritis with general oedema with almost total suppression of urine. Urine showed at that time the usual signs of acute nephritis. From this she apparently recovered except for a high blood pressure and enlarged heart which remained. When I saw her she was suffering with a profound headache which changed from side to side and some precordial pain which came on at intervals. Examina-

tion showed a large heart, particularly to left, and blood pressure 220-120 abdomen was entirely negative. General eliminative treatment, rest and diet were begun and nitroglycerine was given to lower the pressure. The systolic gradually came down to 190, but the diastolic remained about 115. The precordial pain got better, but the headache was not relieved in spite of every form of analgesic being used, including morphine. On account of the great amount of acetone in the urine glucose and soda in teaspoonful doses were given every three hours and to my great surprise the diastolic pressure fell to 90 and the headache disappeared. Taking this high diastolic pressure to have some significance, the diastolic pressure was carefully watched and when it went above 100 glucose and soda were given and the diastolic usually fell. This condition prevailed for about a year and a half when the kidney condition seemed to get worse again following a cold and the diastolic pressure rose to 115 and never went back to 100 again in spite of treatment but gradually rose to 130. Patient died in coma.

Case 3.—Mr. B., age 55, clergyman, complained of pain in left side. Family history was negative. His personal history was negative, as he always considered himself quite fit. Had an injury one year before his death which left a pain over his left kidney. On examination the chief points of interest were his large heart with all sounds loud and clear. Blood pressure 260-160. Urine showed nothing special except low specific gravity and increased voiding at night. Usual treatment of elimination, rest, diet and nitroglycerine were given but nothing did any apparent good, the pressure remained high. He died a few weeks later in acute coma. Post-mortem showed small sclerotic kidneys and arteriosclerosis.

Case 4.—Male, age 48, merchant who said he had never been ill. Came to see me because of headache and over weight, 318 pounds. Examination showed nothing except over weight. Blood pressure 145-115. On account of high diastolic pressure complete urinary analysis and blood chemistry were done, the urine was negative except for high specific gravity and great acidity. Blood chemistry showed non-protein nitrogen 65.2, urea 17, creatinine 2.7. Hence you see beginning non-protein retention. He was

put on alkalies and elimination and the diastolic fell to 100 and he felt fine. Systolic remained about the same.

Case 5.—Mrs. R., age 72, widow, did no work. Complained of numbness in right side of body. Her family history was negative. In her past history there was nothing important, except two years previously she had had a right-sided hemiplegia which entirely cleared up. When I first saw her she had a large heart both ways with aortic 2nd very much accentuated, blood pressure 219-90, liver somewhat enlarged, otherwise negative. Urine quite scanty highly colored and very acid. Digitalis was given and systolic came down to 180 and patient got very much better and was up and about for several weeks when she was taken suddenly again and the systolic fell to 160 and diastolic was difficult to read. Many heart stimulants were used but nothing seemed to do any good. Four hours before her death she had systolic 140 well sustained but no diastolic at all. I took this to be a bad omen and gave a grave prognosis. Had the systolic alone been taken the heart would have been considered good. Moreover, the high pulse pressure showed too much cardiac load and the fall in pressure showed a failing myocardium which could no longer respond to treatment.

Conclusion.

(1) The early discrepancies in blood pressure reading must have been due to the method used of taking only the systolic pressure.

(2) The cause of hypertension is not definitely known, but evidence seems to point toward the diastolic as being of prognostic value and suggests to what degree the body is eliminating. Moreover, when found in a case it demands of the doctor an explanation of its cause even when the systolic is apparently normal.

(3) Case one illustrates the hypertension cases found in women about the menopause and who usually tend to right themselves and should not give us very grave concern.

Case 2 shows an apparent relation between the diastolic pressure and retention of toxic products in the body which was not relieved by ordinary methods of elimination, but which responded quickly to alkaline treatment.

Case 3 showed a high pressure which could not be lowered by ordinary means

and should be given a grave prognosis in spite of the absence of symptoms.

Case 4 showed a normal systolic for the age of the patient with a high diastolic which was checked up by the blood chemistry findings and showed beginning protein retention, but which cleared up by elimination; also was the suggestion of an abnormal condition and a demand for the doctor to look further into its cause.

Case 5 showed how a case under cardiac strain may be prognosticated by watching the relationship of the diastolic to the systolic pressure. Moreover, how easily one can be misled if he takes the systolic alone.

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CO-ORDINATION THE NEED FOR FUTURE PROGRESS IN PUBLIC HEALTH.*

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Twenty-one years ago today the President of this Association at the Twenty-sixth Annual Meeting made the following statement: "This Association is no star chamber whose proceedings are hidden in mystery, and whose membership is unknown. Coming as we do from all parts of the State, it is within our power as it is our privilege to extend information, arouse interest and inspire enthusiasm where only apathy now exists."

The above, I think, sums up the attitude of the members today, an attitude which has been justified in progressive State legislation and in the awakening of the sanitary conscience of the people of New Jersey. The older members of this Association perhaps considered their speakers as voices crying in the sanitary wilderness. The seed, however, was well planted, resulting as it did in the State of New Jersey taking its place with the first of the States in public health activity.

Progress in every line of public health has been truly remarkable during the lifetime of the association. I have been tempted sometimes to visualize the feelings of a sanitary inspector 40 years ago could he return to the scene of his labors. Like Macauley's New Zealander upon the ruins of London Bridge, he would see a countryside changed indeed out of all recognition. Gone are our city wells and cesspools, banished the variegated and insistent odors that formerly assailed us from every back yard and vacant lot; routed are the virulent and fatal epidemics of childish diseases upon which he looked in helpless despair. Gone are disease-producing milk and polluted water supplies. The light of public investigation has furthermore been focussed upon those less-talked-of diseases that stalked unmolested in our midst and whose existence was discussed or not at all.

In the 46 years of existence of the association great changes have been witnessed in the official State records of

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mortality and morbidity. The general death rate, the great index of the health of the people, has fallen from 20 deaths per 1000 living in 1879, to 12.71 in 1919, a saving of 7000 human lives per million living today. It has witnessed the decline in the death rate from tuberculosis of the lungs from an annual average of 183.5 per 100,000 to 111.1 in 1919, a saving of 724 lives per million of the population annually. It has seen the great infant mortality under five years of age prevalent in early days change from 774.9 per 100,000 in 1879 to 275.3 in 1919. Fresh in our memory is also the dramatic diminution in the mortality from diphtheria from a high peak of 148 per 100,000 living in 1888 to 18.1 in 1919.

The sanitary sin of typhoid fever so common 50 years ago, that like small-pox few escaped its ravages, has lost all traces of its former menace, the mortality of 74.3 per 100,000 in 1882 nearly vanishing to 2.9 in 1919. The childish epidemics have reflected in a striking way the improved sanitary environment. The mortality from scarlet fever, the dread of former generations, has fallen from 100 per 100,000 in 1882 to 2.3 in 1919. Malaria long a disease of high mortality in our country districts has fallen from its high estate as a potent aid to the grim reaper; the deaths recorded from this disease were only 2 in 1919.

Such a picture will emphasize the changes that have occurred in disease prevalence. It would be foolish to give any branch of public health the credit for these figures. It has occurred as a result of the widened horizon of public opinion, backed by the application of modern laws of health consistently applied, the adoption of better housing, the carrying out of more drainage of land to eradicate swamps; to these much is no doubt due. So also credit must be given to a juster appreciation of the need for isolation and quarantine for contagious diseases and their application; better medical and nursing service; more extended hospital and sanatorium accommodation; better water supplies; more efficient disposal of household wastes; real and efficient supervision and control of milk and food supplies—all these have played their parts—and last but not least, the medical inspection of children in schools.

Although improvement of community health is coincident with better social

and economic phases of civilization it must be accompanied by an improvement in the functioning of State and municipal departments or Boards of Health in enforcing the health laws upon the statute books. The three cycles or eras of public health have been described as successively improvement of environment, control of disease epidemics, and prevention of disease, so-called preventive medicine. There has dawned, however, a new day of health maintenance, possible only by adequate graduation through the three preceding experiences.

To attain our new goal of health maintenance a further lowering of disease and mortality rates would appear to be only possible by a wider response to the appeal for a sanitary conscience that can be applied to the daily life of the individual. In the words of Ruskin, which have, I think, a modern interpretation: "I say first in feeding, and once for all do not let yourselves be deceived by any common talk of indiscriminate charity. Secondly, dressing people—that is to say, urging everyone within reach of your influence to be always neat and clean and giving them means to be so, and then thirdly, lodging people, which you may think should have been put first, but I put it third because we must first feed and clothe people where we find them and lodge them afterwards. And providing lodgment for them means a great deal of vigorous legislation and cutting down of vested interests that stand in the way, and after that, or before that, so far as we can get it through sanitary and remedial action in the houses that we have, roofs mended that have holes in them, fences patched that have gaps in them, walls buttressed that totter and floors propped up that shake, and then the building of more beautiful and stronger houses and in groups of limited extent kept in proportion to their streams and walled around so that there may be no festering and wretched suburbs anywhere, only clean and busy streets, so that from any part of the city perfectly fresh air and grass and sight of far horizon might be reachable in a few minutes' walk. Cleanliness and order enforced with our own hands and eyes till we are breathless every day."

Ruskin thus visualized a community, law-abiding and health-respecting, one that seemed somewhat remote at that period. So great, however, has

been the progress in sanitation in America that Ruskin's ideal does not seem so very visionary after all.

There can be no doubt that as the result of the many varied activities of health and social societies the great mass of public opinion has been leavened for better ways of living. Anti-tuberculosis societies have reached the gospel of the out-of-doors and the curability of tuberculosis. Child Welfare associations have stressed the importance of proper and scientific care of **mother and child**. Women's Clubs and County Granges have through their health committees awakened new interest in health questions. Boy Scouts and Camp Fire Girls have imbibed the true knowledge of health by clean physical sports. Chambers of Commerce and Rotary Clubs have fostered health weeks and taught the value of citizen duty. More practical has been the teaching brought by the service of social workers and Red Cross aid.

The only criticism of the good work done by health and welfare associations is that there has been some overlapping. There will always be no doubt in such teaching waste of effort as a result of lack of a fixed or definite object. Much stress is put upon minor health matters at the expense of serious and more pressing evils. There are surely big issues that all health and social agencies could aid in bringing to the public view. There will be a natural limit to sanitary and health progress unless there is an attempt to organize effort, to make more effective teaching of health principles by a knowledge of the other fellow's business. Such a viewpoint is becoming more widely recognized today and indeed efforts at co-ordination between national health and social agencies has resulted in the foundation of the National Health Council with offices in Washington and New York. This National Council includes the American Public Health Association, American Red Cross, American Social Hygiene Association, National Organization of Public Health Nursing, National Committee for Mental Hygiene, American Medical Association, Council of State and Provincial Health Authorities and the U. S. Public Health Service. The National Council describes itself "as a valuable clearing house and co-ordinating center in many fields where common

functions are performed. It should increase the economy and effective co-operation, should eliminate duplication of effort and should enhance opportunities for sympathetic and constructive public service."

A similar need for co-operation between health agencies has been recognized in several States. This need has been met in a number of different ways; in some States Health Councils have been created, representing all health associations volunteer and legal, in others by an expansion of the activities of the State Health Associations. Little definite information upon the workings of such organizations was obtainable however in a search of the various periodicals. For the purpose of obtaining some data as to the character and results obtained by any co-ordinating agency created in the various States a questionnaire was sent out. Replies were received from 39 States. Twenty-four of these had no official or unofficial body acting as a co-ordinating center for public health activities. Fourteen States had succeeded in creating either State Health Councils or Association whose functions were directed more or less along co-operation lines in health work. These organizations will be briefly described not with any general idea of their application to the needs of New Jersey but as a basis for discussion and suggestion.

The State of Kansas has a Public Health Association which seeks by the formation of local branches throughout the State to unite all health and social service associations. Its activities although mainly anti-tuberculous in character include other forms of health work. Publicity and education is aided by circulars and posters. Its funds for organization and propaganda are obtained by the sale of Christmas Seals. Organizations such as Women's Club, Chambers of Commerce, Literary Clubs, etc., are asked to affiliate with the local branches of the Association.

Ohio has been especially active in a programme of co-ordinating the health associations of the State. The Ohio Public Health Association aims to: 1, Supplement and assist the State Department of Health; 2, establish local Public Health Leagues; 3, develop a State System of Public Health Nursing; 4, assist the State University in the establishment of a public health course of training; 5,

co-ordinate a programme of public health legislation; 6, carry on a continuous campaign for educational propaganda.

Ohio has recently been much in the public eye in regard to the reorganization of its State Health Service by the law of 1921, considered a model law in many respects.

According to Dr. R. G. Patterson, the Executive Secretary of the Ohio Public Health Association, "A distinct step in Ohio was achieved in 1914 when the various professional groups were united in the Ohio Public Health Federation. The common meeting ground for them all has been on the public health aspects of their legislative programs. There are twelve State organizations represented in the Federation—the State Federation of Women's Clubs, State Nurses' Association, State Medical Association—regular, homeopathic, eclectic, osteopathic, and veterinary—State Dental Society. Funeral Directors, Hospital Association and the Ohio Public Health Association. The Federation is financed through a per capita assessment upon the paid membership in each state association. All legislative proposals are considered by a central council consisting of one representative from each of the constituent associations. Unanimous action by the council is required to secure the full support of the Federation upon each proposal. In the event unanimous action is not possible, the state associations are left free to pursue such course as their interests seem to dictate. The result has been that many proposals have received the unanimous and intelligent support of all these state organizations—a condition which was practically impossible in former years. Furthermore, the Federation has succeeded in securing the passage of most of our constructive public health legislation."

The Montana Public Health Association is modeled after the American Public Health Association and takes in all extra-governmental activities. It has definite subsections such as: Tuberculosis, consisting of the State Tuberculosis Association; Child Welfare, taking in parent teachers' association; engineering, including municipal engineering societies; Public Health Administration, taking in the Health Officers' Association; Public Health Nursing, taking in all nurses' association; Personal Hygiene,

in which insurance companies are represented.

The Red Cross Section.

This association meets once a year in the same place and two days previous to the meeting of the Montana Medical Society. The objects of the association are stated to be "to promote public health, prevent disease, and to organize local health societies. Massachusetts seeks to co-ordinate the health activities of the State by means of a Central Health Council created a year and a half ago through the efforts of the Public Health Committee of the State Medical Society." The object of this council is to secure co-operation among public and private health agencies State wide in their activities. The Council is made up of two members each from the State Department of Health, the Massachusetts Society of Boards of Health, the State Dental and Medical Societies, the Societies for Mental Hygiene and the Control of Cancer and for Social Hygiene, the State Association for Nursing and Tuberculosis. Bi-monthly meetings are held. "Thus far, says Dr. M. V. Safford, Deputy Commissioner, "we have been simply trying to get acquainted with each others' problems."

Michigan has a co-operative Public Health Council formed through the joint action of a group of women's organizations. According to the Secretary, "the central purpose was to form a clearing house for inter-related problems." The organizations represented are the State Anti-tuberculosis Association, State Federation of Women's Clubs, State Grange. Director of Public Health Nursing at the University of Michigan, the Dean of Home Economics at the Agricultural College, the State Director of the Visiting Nursing Association, the State Supervisor of Public Health Nurses and the Director of the State Health Education Bureau. Monthly meetings are held. Its immediate activities are stated to be the furthering of Public Health Weeks, State Health Legislation and support of the State Board of Health.

Maine has a Public Health Council which is advisory to the State Health Commissioners only and does not function as a co-ordinating authority.

The Public Health Council of West Virginia is a governmental body which arranges for an annual conference of

local health officers. It has apparently wide executive functions.

New York has a Public Health Council similar to that of Maine. Two years ago a plan for local organizations to be called "health co-ordination committees" was outlined by the State Health Department and adopted, but finally turned over to the Red Cross for organization.

Illinois some years ago organized a State Public Health Association which was not successful in making much headway in health co-ordination.

Wisconsin had until recently a State Health Council which because of the failure of the legislature to make sufficient appropriations for its upkeep has practically ceased to function. The work of co-ordinating health activities in the State is however being actively advocated by means of Community Councils, under the direction of the State Inter Departmental Committee with the support of the State Board of Health. Community Councils are organized in various sections of the State and are made up of parent teachers associations, women's clubs, Red Cross, chamber of commerce, Y. M. C. A.'s, etc. The plan as outlined states "a community council is not an independent organization. It is the co-ordination and working together of all live and existing organizations to prevent overlapping and duplication. They learn the value of teamwork by working through and with other groups. The strength of a community council depends entirely on the strength of the organizations composing it."

In Vermont the place of a co-ordinating council is taken by a plan of having the State Board of Health represented un-officially in all the different organizations. This scheme according to the State Health Commissioner, Dr. C. F. Dalton, "so far seems to work satisfactorily."

Utah has a recently organized State Health Council and New Mexico has a State Health Association which took a leading part in the creating of the State Department of Health but has done little in health co-ordination.

Delaware attempted to form a State Health Association two years ago, but nothing was done after the first meeting.

An account of the state co-ordinating agencies would be incomplete without a reference to the Pennsylvania Health Instruction Camp held in June and July,

1919, at the Mont Alto Sanatorium, Pa., by the State Department of Health. At the camp 56 County Medical Inspectors attended as well as 48 Dispensary Physicians, 135 Nurses and 86 Clerks, Stenographers and Visitors. National Guard tentage with mattresses, cots and blankets was furnished. A curriculum covering every phase of public health was prepared, the instructors being selected from the Division Chiefs of the Health Department. All persons attending the institution camp were assigned to tents. Each person kept his own tent in order and did his or her part in keeping the grounds in sanitary state.

Instruction periods were announced and terminated by bugle call. The conduct of the camp was along military lines. Two camps were held of about ten days' duration each. Similar camps were held in 1920 and 1921, although details of their procedures are not yet available.

The various health employees attending this camp were able to combine the business of health instruction and co-ordination with a most enjoyable vacation under very pleasant social surroundings. The Pennsylvania experiment certainly has broadened our view of the means of getting together for better service.

Although on the whole co-ordinating agencies are few in the various States there is on the other hand a variety of plans in operation. In few of this, however, does there seem to be any adequate attempt to bring in important social agencies.

Those of us who are closely in touch with public health in its relation to its application to the common people realize that our problems nowadays are mostly social and frequently economic. How far can we correlate isolation, quarantine and sanitary regulations with the mental attitude of the community as we know it? Wonderful results have been obtained in the development of a sanitary conscience even among the most ignorant, but even the best intention and the widest effort at sanitation are powerless before social and economic conditions which are fixed and little changing.

There can be no question of the desirability for combining all the State Societies who are actively organized into a co-ordinated whole if we wish to see

modern health methods intelligently applied and wisely administered. What particular type of organization will meet the requirements of New Jersey will depend upon the local conditions found in the State after inquiry and the attitude of the State Social and Health Societies to the suggested scheme.

The success of any effort to co-ordinate health activities will depend largely upon the initial broadness of its outlook and the freedom of action left to its co-operating members. I cannot refrain from quoting the reply of Dr. J. N. Hurty, Health Commissioner of Indiana to our question:

"I hear much talk on every side of co-operation, non-duplication of effort, etc., but I notice that nations and individuals find it hard to co-operate, and this is, of course, because the right spirit is not present in all men. Then again, it is frequently the case that men engaged in a public work do not understand the work. They have ideas and thoughts upon the subject, but they never have formed a solid understanding and comprehension of it. Ignorance, the lack of capacity to know and understand, we shall never lack and in consequence misunderstanding, jealousy, enmity will always prevail."

"A Health Council would undoubtedly be a good thing, but it must be made up of strong minds. If the Health Council contains upon it two or three persons who do not know what they want to do and do not know how to do it if they do know what they want to do, then trouble will appear. I believe thoroughly in the kind of co-operation which General Grant advocated. He told Lincoln he would not take command of the Army of the Potomac unless he was given **absolute power**. It was given to him and his decisions were never questioned at Washington and victory attended. It was said that he always called in his generals and asked their advice in regard to a plan for the battle that was in view and always dismissed them without letting them know what he proposed to do. And he generally did something that was entirely original and which brought victory."

"We have no Health Council in this State and when as State Health Commissioner I seek advice of others in any important movement, I note they are always anxious to demonstrate their depth and power of thought by making what

I know to be impractical suggestions. Very few know human nature and very few are able to make out the nature of others they must deal with. The psychology of the crowd and the psychology of the individual must both be thoroughly considered in all efforts we put forth to advance the public health cause."

"If you establish a Health Council, it very likely will be popular, but you will have more work to do in consequence. You will have to use all your tact and talent also to harmonize discordant elements. After all is considered, I believe I would advise a Public Health Council even if it does cause more work and more trouble. Only be careful not to be misled by it."

Upon the banner of any such an organization might well be inscribed the words of Dickens: "That the universal diffusion of common means of decency and health is as much the right of the poorest of the poor as it is indispensable to the safety of the rich and of the State."

LINCOLN AND HIS RELATIONS TO DOCTORS.

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About every phase of Abraham Lincoln's life having been recorded it may be well to tell of his relations with the medical profession, much of which dates from a very early period. The first mention of doctors in any of his biographies is the statement that in the primitive region of Indiana where he lost his mother when he was eight years old, none lived within thirty-five miles of his home; from which fact we may assume that in the more barbarous region of Kentucky where he first saw the light none attended his birth. The death of Lincoln's mother of a disease called "Milk Sickness," with its fearful ravages not only of human beings but cattle, sheep and horses also, is made much of by all writers. According to the statement of an eminent physician of Illinois, Dr. Theo. Lemon, made many years ago the disease had a vegetable origin with possible fatal termination in sixty hours or prolongation for fourteen days.

Of other incidents of Lincoln's early days may be mentioned that he worked

as pilot through the Illinois river for a Dr. Nelson and was a close friend of Dr. Burleigh. He was very intimate with Drs. Thomas Conant and A. G. Henry. One of the witnesses of his parent's marriage was Dr. Christopher Columbus Graham, who thus sets at rest the question of his alleged illegitimate birth.

Disregarding chronological order of narration, he one day is found with his friend, Dr. A. W. French of Springfield, taking a course of lessons in German from a German professor who came along, but soon gave it up, on finding he was not an apt scholar.

Lincoln's favorite poem, "Immortality," with the opening lines, "Oh, why should the spirit of mortal be proud?" was first drawn to his attention by a friend, Dr. Jason Duncan. Another favorite poem was that of Dr. Oliver Wendell Holmes, called "The Last Leaf." When after the loss of his first love, Anne Rutledge, he fell a prey to melancholy and feared self destruction, he wrote for advice to a celebrated physician of Cincinnati, Dr. Drake, who declined to treat him without seeing him. It was Dr. Merryman, a Springfield friend, who acted as his second when challenged to a duel with General Shields, which never came off.

It is an interesting fact that Lincoln's brother-in-law, Dr. George Todd, a Kentuckian who served as surgeon in the Confederate Army, was a brother of Mrs. Lincoln, and he had also a brother-in-law, Dr. William Wallace, husband of a sister of Mrs. Lincoln, for whom his son "Willie," who died in the White House, was named; and who accompanied him on a trip to Washington in 1861.

Lincoln took up closely when President, with one Isachar Zacharie, whom he addressed as "Doctor," and to whom he gave an autographic testimonial for successful treatment of his feet. What was back of the close intimacy established between the two has been much discussed but never revealed. Lincoln one day greeted individually some five thousand wounded soldiers in the hospital at City Point, under guidance of Surgeon McDonough. Shortly after he became President he took a humorous fling at the profession when called upon by Rufus Small, a well-known insurance expert, who tried to induce him to take out a policy on his life; but he declined, say-

ing he was not yet ready to sell his bones to a physician.

One of his personal and political friends was Dr. Franklin Blades, of high standing in the profession in Springfield. Having abandoned the practice of medicine, taking up law and being admitted to the bar, unknown to Lincoln, he wrote to him requesting the use of his name on his professional card as a lawyer. Being in doubt as to his identity, Lincoln answered, "I do not know if you are Dr. Blades or not. If you are Dr. Blades, you may use my name; if you are not Dr. Blades, if Dr. Blades says you may use my name, you may do so."

The President was a frequent visitor to army hospitals during the war. At City Point one day he was conducted by the medical director from cot to cot and greeted several thousand wounded soldiers with words of comfort for each. The late Dr. Alan McLane Hamilton told of his paying a visit to Lincoln and being impressed by his appearance of "far off dreaminess and introspection such as he had witnessed in peculiar or psychopathic people."

Coming down to the chapter of the assassination and attending circumstances the name of Surgeon General J. K. Barnes, as a matter of course is prominent; it was Barnes and Dr. T. S. Verdi, a Washington physician who attended Secretary Seward and others of the Seward household when stabbed by Payne the night the President was shot. At the trial of Payne, Barnes, was also called to rebut the effort to clear him on the ground of insanity; as were Drs. James C. Hall, Surgeon Basil Norris, Asst. Surgeon George L. Porter, all of whom declared Payne sane and responsible for his actions. Dr. Hall's concurrence was brought out only after his appearing for the defense and expressing belief of reasonable ground for suspicion of insanity based mainly on the prisoner's exhibition of utter insensibility after a long and thorough examination by him, physical and mental. Called as an expert, Dr. Charles H. Nichols, Superintendent of a Government Hospital for the insane at Washington, objected to the scores of hypothetical questions hurled at him by Payne's Counsel on the ground that he had no opinions in respect to such questions and therefore was allowed to leave the stand. The testimony of Drs. Charles W. Davis and Samuel A. H. McKim,

indicating low order of intellect and no sense of responsibility, moral or otherwise, failed to save Harold, the twenty year old companion of Booth from the scaffold.

The exact facts as to medical treatment of the President immediately after the shooting is a matter of dispute. Dr. Charles A. Leale then of the military hospital in Washington, "and still living," was there in civilian clothes. He is credited in the official records of the government with instant response to the call for a physician. According to his statement, he took charge at the request of Mrs. Lincoln, sent for brandy, removed a clot of blood from the wound, tried artificial respiration, and breathed hard into the President's mouth. Heart action improved, but shortly after he announced the wound as mortal. Again he administered brandy and water, being meanwhile joined by Drs. Charles Sabin Taft, another army surgeon in uniform, who with others helped carry the President across the street. What followed was complete examination by him of the body, head to feet, application of hot water bottles, hot blankets, a long sonapism applied to the solar-plexus, and he sent for a long Nelaton probe. He opposed the suggestion of Taft and other doctors to administer more brandy, but Taft had his way and laryngeal obstruction resulted as Leale anticipated.

Dr. Taft asserts he was the first to respond to the call for a surgeon in the theatre, claims credit for much of the treatment described by Leale as his, and declares that he was there all through the night and felt the last throb as the President passed away; contrary to the statement of others that he was then absent. Parenthetically it may be said that his widow offered to sell to the father of the writer of this article a pair of Lincoln's cuff buttons and her son offered to sell a lock of Lincoln's hair, acquired by her husband after the President died.

The physician in supreme command in the house where the President lay, until the arrival of Dr. Barnes about midnight was most probably Dr. Robert King Stone, family physician of Lincoln, for whom Mrs. Lincoln sent immediately after the shooting and reached there, so he testified at the trial of the conspirators, within fifteen minutes. His examination of the President disclosed a gun-

shot wound in the left side of his head into which he carried his finger and he at once announced the case as hopeless. Previous to the embalment, he with others, made an examination and traced the wound through the brain, the ball being found in the anterior part of the same side of the brain, the left side. It was a large leaden hand-made ball, resembling those that are shot from the pistol known as the Derringer, larger than those used in the ordinary pocket revolvers. The ball was flattened somewhat in its passage through the skull, and a portion had been cut off in going through the bone. Dr. Stone marked the ball "A. L.," the initials of the President, and in the presence of the Secretary of War, in his office, enclosed it in an envelope, sealed it with his private seal and endorsed it with his name. The Secretary enclosed it in another envelope, which he endorsed in like manner and sealed it with his private seal. It was left in his custody and he ordered it to be placed among the archives of his department.

The identity of all the medical men at the bedside, of the President where he lay for nine hours before his death can never be determined, for the reason that nearly every doctor then in the city of Washington (according to the information of Dr. C. S. Lamb at that time a resident, but then not at home), was in the room at some time during the night. Dr. Leale states that many unknown to him were allowed to feel the pulse but none of them touched the wound. Provost-Marshal General James O'Brierne, officially present from the beginning, avers that he found there on his arrival, Dr. Charles H. Lieberman, a prominent Washington doctor, Russian by birth, attending the President, and was by him excitedly and vehemently directed to get some brandy, which being procured, the doctor poured down the President's throat, while he assisted in holding his head. The room in which Lincoln lay all night measured but ten by fifteen feet. This alone should dispose of many who pretend to have been there at the last moment, which according to some paintings of the scene number as many as forty-seven.

Life imprisonment at hard-labor was the penalty demanded of Dr. Samuel A. Mudd for his acquaintance with Booth and setting his broken leg at his Maryland home twenty-five miles from Wash-

ington, where he stopped with Herold for ten hours after shooting Lincoln. Mudd asserted that he had harbored Booth unaware of his identity. It was brought out at his trial that he had before met him. The Judge Advocate contended he was as certainly in the conspiracy as were the two men whom he sheltered. The fact that he was a peaceable, kind, upright and obedient citizen, a man of culture, graduate of a Maryland college of medicine, large land owner and very highly respected, availed nothing. President Johnson ordered his release after four years' imprisonment at a government post in Florida, where he earned high praise by his exemplary conduct and valuable professional services during an epidemic of yellow fever. Returning home, he resumed practice of medicine.

At the autopsy held at the White House a few hours after death (as written out by Dr. Edward Curtis) were himself, Barnes, Crane, Stone, Woodward and Notson. They removed the entire brain before finding the bullet, which when lifted by Curtis slipped through his fingers and fell into an empty basin, with a clatter. The weighing gave only approximate results because of the loss of some brain substance caused by the wound; but it indicated weight not above the ordinary. The general physique was remarkable, says Dr. Curtis, he being simply astonished at the well-rounded muscles built upon strong bones of the powerful athlete. Dr. Leale also testifies to the fact that the President was without a single physical defect of any kind. The one piece of statuary which reminds him of Lincoln, especially the lower part of the body, is the Moses of Michael Angelo. The Borglum in Newark, New Jersey, he considers a good one.

An interesting incident of Surratt's trial was the testimony of Dr. Lewis J. A. McMillen, surgeon of the steamer on which Surratt escaped to Liverpool from Québec and to whom he revealed during the voyage, his identity and part in the conspiracy. Stirred by the offensive method of cross-examination by Surratt's counsel when on the stand, he openly denounced him as a sneak and coward. It may also be mentioned that Dr. Luke Blackburn of Mississippi, Dr. M. A. Pallen and Dr. J. B. Merritt, both of Canada, gave testimony looking to the implication of Southern leaders in a plot

to burn, or introduce smallpox and yellow fever in Northern cities.

The oft-repeated stories of Booth's escape and living for many years after Lincoln's death has long since been disposed of by Dr. Frederick May, who identified the body, he having removed a tumor years before from Booth's neck. Also by Dr. Barnes who cut out a section of the vertebrae through which Corbett's bullet passed, which is now in the National Museum. At the burial of Booth in Baltimore in 1869, a brother, Dr. Joseph A. Booth, was present, also Dr. J. R. W. Dubbar of Baltimore who had examined the body of George Washington when removed and placed at the present tomb at Mt. Vernon.

FALSE CULTS.

By Wilson G. Bailey, M.D.,

Camden, N. J.

I have just finished reading an article on Mrs. Eddy and Christian Science by one whom, I believe, you will agree, is one of the ablest and best-informed newspaper editors of today, namely Arthur Brisbane. Mr. Brisbane says in his article:

"To those, like this writer, who are not Christian Scientists, believing in no science except that which responds to the same tests for everybody, everywhere, in the same way, Mrs. Eddy stands out in her century, as a personality admirable, powerful and remarkable. The mind rules the body and the world. Mrs. Eddy reminded the world that this statement is literally true, and proved it in herself."

Mr. Brisbane's definition of science is the one by which Christian Science should be judged. It is certainly a very reasonable definition. But, he is too strong in his language when he speaks of the power of mind. That statement of his will not stand the test of his own definition of science.

Mrs. Eddy did not tell us what mind is. Mind is a function of consciousness, and consciousness is that which is seen or felt. Our five senses bring about consciousness of outer conditions. Consciousness is an attribute of the soul, and the soul can only express that which consciousness reveals unto us, and this expression of the soul is what we call mind.

We have two minds, the conscious mind and the sub-conscious mind. The sub-conscious mind is really the greater of the two, and it is really four-fifths of all consciousness. The sub-conscious mind builds the body, but when part of the body, or an organ, is destroyed the sub-conscious mind cannot restore the destroyed part. For instance, a cancer destroys or is destroying an organ: The sub-conscious mind cannot restore that organ. Tuberculosis destroys or is destroying a lung: The sub-conscious mind cannot supply another lung. Rev. E. P. Powell, a former Christian Scientist, but now the rector of an Episcopalian church in New England, had for years an offer of \$2,500 for a case of wasting organic disease entirely cured by Christian Science. He still has his \$2,500.

I grant that Christian Science may cure, and often does cure, mental and nervous ailments, but it will not grow a new eye, nor will it (as Mrs. Eddy asserted it would, in the very first edition of her book) grow out a new arm in place of the amputated arm. Many doctors cure mental and nervous ailments without drugs, but they call their cure "auto-suggestion." No honest doctor (and I believe the vast majority are honest men seeking to help suffering humanity) will give drugs when he knows that the patient's illness is purely imaginary. To divert the patient's mind he will recommend a change of scene and some active exercise. He may even recommend some outdoor sport as a hobby, for the fire of ambition stimulates vitality, or thought, in the right direction. Mental inactivity is starvation; worry is starvation. Worry will aggravate an organic disease, but change of thought, as antedote to the worry, will not heal that organic trouble. The rule does not work both ways.

A certain class of people, with imaginary ills, will go from mind cult to mind cult, and finally, getting the right thought, will practically hypnotize themselves into mental health. Then they give the cult all the credit. They merely exchanged their morbid thought for a healthy thought.

One thing to be borne in mind by the public is that none of these cults will stand the anatomical test. Your regular practicing physician has studied anatomy, and he bases all his treatment upon his knowledge of anatomy. He

takes conditions as they are and does the best he can. He knows that Almighty God made the spinal column, for instance, and made it according to his own specifications, and not according to the claims of a cult which claims to be able to "adjust the spinal column." Any high school boy or girl probably knows enough of the spinal column to realize, after a moment's thought, how absurd the chiropractic's claim is.

The spinal column is made up of bones interlocking and overlapping one another, and between the bones are masses of cartilage, just like rubber washers, to absorb shock. Moreover, through these bones, at various points, small nerves and blood vessels run, and then in the very center of the spinal column is the spinal cord, a huge nerve. Any dislocation of the spinal column means instant paralysis, partial or complete. If the chiropractic speaks the truth when he tells his patient that his "backbone needs adjustment," the patient should be paralyzed, but the fact that he is not paralyzed proves that his backbone does not need "adjustment," proves in fact that there is nothing the matter with his backbone. Surgery has done some wonderful things, and there are many great triumphs ahead of it, but it never pretended to heal by merely manipulating the outer portions of the body.

These "bone rubbers" used to be called "masseurs," and they worked in a limited way under the direction of regular physicians, but now they have set out for themselves, claiming to be able to improve upon God's handiwork. At any rate, they do not hesitate to tell God that He did not build the spinal column right. They are as silly as Ajax defying the lightning.

Then we have the osteopath, with his rubbing the blood vessels and nerves, to "relieve congestion." Any one will see in a moment's thought that rubbing produces irritation, and irritation produces inflammation. Rubbing, kneading and pounding force more blood to the affected part, and an abscess, or chronic neuritis, results. A tubercular child, with a hip disease or a curvature of the spine, may have a reasonable chance for cure under skilful medical and surgical treatment, but the osteopath will positively make that an incurable case. Such irritating treatment will turn a curable tumor into a malignant growth, such as

cancer or sarcoma. If there is such "congestion" as the osteopath claims, it cannot be cured by increasing the congestion, and that is what the rubbing, slapping and pounding does. Let my reader slap the back of his left hand with the palm of his right hand very vigorously for a minute or two and he will see the increased flow of blood and feel the temporary beginning of inflammation.

Many of the cases going to osteopaths and chiropractors are mental cases, like the Christian Science patients, and many of them, no doubt, are cured in the same way—by their own thought taking a cheerful and healthy turn. They are cured in spite of the violence of the osteopath and the chiropractor.

It is too bad, in the opinion of some foolish men, that Almighty God did not make man, not according to His own divine and inscrutable designs, but to suit the fleeting fancies of some puny-minded individuals who are on a par with the "witch doctors" of olden times. The devout Psalmist, wearing, perhaps, of the antics of some men around him, said in his prayer: "What is man, that Thou art mindful of him?"

In a recent issue of the Medical Times of New York City, Dr. Arthur MacDonald of Washington, D. C., set forth his views on "Death in Man" in such a way that we decided to reply to Dr. MacDonald, in the November issue of the Times as follows:

To the Editor of the Medical Times:

In these days of advanced psychological thought it is disconcerting to find Dr. Arthur MacDonald of Washington, D. C., out of step. Worse than that, he is not even in the procession, but is rambling along behind, and I say "rambling" advisedly. In the Medical Times of New York, for last July, the Doctor writes on "Death in Man," and this is the way he rambles at the very outset of his article:

"From the point of view of science alone, all things perish, except possibly energy. Life is a form of energy, but as such it ceases to exist; it may pass into some other form of force."

Note the Doctor's point here: "All things perish, except possibly energy," and, further, life as a form of energy "may pass into some other form of force."

Then he says: "According to science, death ends all life, and the functions of the body cease in the same manner and about the same time. To suppose that in some way consciousness persists is like assuming that digestion persists after the body is dead."

Who said "Logic?" The Doctor is not bothering anybody with logic. He says that life "may pass into some other form of force" and then he blithely skips to another point of view, or premise, and says: "Death ends all life." In other words, life is energy and may continue "in some other form of force" and then "death ends all life" and so, of course, ends energy.

The Doctor's trouble is that he has apparently studied only the dissolution of the body, or physical decay, and not the phenomena of consciousness at the time death, although he does, strangely enough, tell us of instances of mental powers in the dying, sometimes, that are greater than any manifested during the healthiest part of their lives. If death "ends all life" and it is as absurd to expect consciousness to persist as it would be to expect digestion to persist after physical death, why these mental powers at the time of death? Here all the physical functions are failing rapidly but consciousness is asserting itself with greater power than ever before. If consciousness is dependent upon the physical organism why doesn't it die with the organism?

It is just this apparent—no, this certain independence of consciousness at the moment of death, physical death, that started such men as Sir Oliver Lodge, Sir William Crookes, Dr. Arthur Conan Doyle, Flammarion, the astronomer, and Lombroso, the anthropologist, in their researches into the phenomena of death, and their findings are accessible to Dr. MacDonald or any other investigator. But, this is not all the evidence in favor of the persistence of consciousness after physical death. It is commonly known to up-to-date physicians, in fact known to many intelligent persons, that there are constantly occurring cases of suspended animation where, nevertheless, all the signs of physical dissolution are present and the body is made ready for the undertaker. In these cases, hours and even days after the physicians have declared the person dead, consciousness has returned and revived all the physical

faculties, and the person continued to live right on in a normal way. This evidence is so commonplace that one is amazed more and more as he reads Dr. MacDonald's article.

The Doctor needs to look up some of the simplest definitions in psychology and even physiology. He does not seem to know anything about either of these sciences. He doesn't seem to be sure of any of his own knowledge, or rather beliefs, in this article in the *Medical Times*, for he speaks of death as "an unknown change." He is as clear as a — well, mud puddle. He may say, as some do, that he hasn't time to delve "into the occult and the impracticable" and that he has enough to do "with the study of life here and now," but he will not impress many with such objections. In my forthcoming book, "No, Not Dead; They Live," I have taken up this subject of consciousness from the materialistic view I had as a young student of anatomy to my certain conviction that consciousness not only survives bodily death but goes on forever, and I have quoted medical and other authorities in support of my findings. I shall ask Dr. MacDonald to accept a copy of my book, and in the meantime (I am sure the Doctor will stop long enough to laugh with me at my suggestion) if he is pressed for time let him follow Lord Chesterfield's advice to his son, that even when one is paying his devotions to the goddess, Cloacina, he can add to his stock of knowledge.

Clinical Reports.

FAMILIAL EPISTAXIS, WITH AND WITHOUT SKIN LESIONS.

By Hyman I. Goldstein, M.D.,

Camden, N. J.

I have previously shown (*Archives of Internal Medicine*, January 15, 1921), after a very thorough and complete study of the literature, that there are thirty-one instances recorded (including my own cases), of familial or hereditary epistaxis with telangiectasia. This list did not include those cases of familial epistaxis without any evidence of telangiectatic lesions in various members of the family. Wolff Fruedenthal, in the *New York Medical Journal* (March 16, 1921), has recently reported an instance of familial epistaxis occurring in several

members of the same family. He mentions telangiectases as being present in several of the members of the family, but does not state whether epistaxis and telangiectasia were present in the other members of the family. His patient was a man aged 55 years, a Roumanian. He was a cloak-finisher by occupation. He had small angiomas all over his body. The coagulation time in this case was 16 minutes, which is far above the normal average clotting time. Is it possible that this was an instance of a hemaphilic diathesis? In the typical cases of familial epistaxis with telangiectasia the bleeding and clotting time is normal and is not related to hemophilia or purpura. I wish to add a brief report of an instance of familial epistaxis occurring in three members of the same family.

(1.) Mr. H. Z. C., aged 33 years, white adult male. Auto parts machinist. Past history negative, except that he has had frequent attacks of nose bleed for many years. In the past three or four years he has been complaining of severe headaches, particularly a left hemicrania. He is married, has four children, two boys and two girls. His wife has not had any miscarriages. Venereal disease denied. One son and one daughter have had repeated attacks of nose bleed for a number of years. Mr. H. Z. C. general examination negative. The X-Ray finding by Dr. M. K. Fisher are as follows:

Teeth: Periapical abscess at the root of the last upper left molar. This should be extracted. An incipient abscess at the root of the last molar (lower left). This tooth, I believe can be saved by early instituted treatment. Sinuses—distinct clouding of the left antrum and the right frontal sinuses. This condition is due to the presence of a fluid exudate or pus. The other accessory sinuses are normal.

Nose and throat examination by D. N. Husik showed free discharge of a mucopurulent nature from the left nostril and a degenerated middle turbinate of a colloidial character with obstruction to free drainage from the ethmoid and frontal sinuses. There is distinct evidence of a frontal sinusitis and disease of the left antrum of Highmore.

(2) Dorothea C., aged 8 years. White girl, daughter of the above patient. Has had measles, chicken-pock and whooping cough. Has enlarged tonsils and adenoids. General examination negative. Has had repeated attacks of epistaxis and more

often than her little brother. On examination thirty-seven small brownish spots were found scattered over the trunk, neck and legs. One small telangiectatic spot about two inches below the right ear on the side of the neck and one at exactly the same distance below the left ear. Numerous very fine dilated capillaries and (arborescent and spider-like) over both cheeks. A few dilated capillaries are seen over the left nasal ala. One dilated capillary visible over the sternal end of the right clavicle and one over the right shoulder. There are some visible capillaries over the space between the left scapular spine and vertebrae.

(3) Harry C., aged 6 years. White boy, brother to the above patient. Has had measles, chicken-pox and la grippe, whooping cough. Has attacks of hemorrhage from the nose. These attacks are not very frequent of late. General examination negative. Has a pale pink nevus on the back of the neck, two inches by one and a half inch. Has another "birth-mark" over the middle of the back $1\frac{1}{4}$ by $\frac{3}{4}$ ". He has 28 brownish spots scattered over the body, resembling dark pigmented freckles. There is visible one area of dilated capillaries over the left cheek.

The father had several telangiectatic lesions, one or two on the neck and about 35 or 40 dark pigmented spots, dark brown in color, scattered over the neck, trunk and arms. His tonsils were removed about eight months ago by Dr. Levy Hirst.

The cases of hereditary epistaxis with telangiectasia have been reported by Legg (1876), by Chiari (1887), Rendu (1896), Osler (1901 and 1907), Steiner (1917), Hanes, Goldstein and others. (1920.) Babbington's brief note (1865) on an instance of familial epistaxis does not mention the presence of telangiectatic lesions in any of his patients. A. B. Kelley (1906) reported ten instances, including two of his own. Very few of the numerous works on dermatology, rhinology, or medicine consulted mentioned this interesting condition. The clinical picture of the telangiectasia cases shows principally the characteristic tendency to affect more than one member of the family, and the occurrence of epistaxis for many years in many members of the affected families. For example, the twenty-one members of the family which Paul reported in 1918, including Fren-

denthal's my 2 families (1920 and 1921), and Paul's (1918) there are now 33 instances of Hereditary Telangiectasia with familial epistaxis recorded in the literature.

CASE OF UTERINE INVERSION.

By Merrill A. Swiney, M.D.,

Surgeon and Obstetrician, Swiney Sanatorium, Bayonne, N. J.

Uterine inversion while well recognized as an entity is a rare one, as is shown by Dr. Walter C. Jones' (Chicago) collected figures, which show an average of one case in 128,767 labors. For this reason if for no other the following case is put on record. My case was of the complete type. It also illustrates among other things the ease of manual reposition before cervical contraction has fully taken place.

Case: Mrs. M. C., a primipara, aged 27 years, no serious illness but of rather frail appearance and flabby musculature. She was married at 25, never had a miscarriage. The urine was normal throughout gestation and her last menstruation occurred May 4, 1920. Her pregnancy could be described as normal and uneventful. Date of expected confinement, Feb. 11, 1921.

Jan. 1st, examination showed uterus normal in size for an eight months' pregnancy with pelvic measurements normal. Jan. 15th, head in pelvis. Jan. 31st, 1921, patient entered sanatorium at 3 A. M. having pains every ten minutes, os dilated three fingers, vertex presentation R. O. P. position head in pelvis, mother's heart and lungs normal. At 6 A. M. the os was fully dilated, waters bulging, sagittal suture transverse with no advance of the head since the previous examination. By easy low forceps under surgical anaesthesia a male child weighing six and a half pounds was delivered in fifteen minutes. No laceration of perineum. The uterus was gently massaged by a nurse and in about fifteen minutes the placenta was delivered by me without traction on the cord.

There was a slight post-partum hemorrhage. The uterus was hard and I considered the hemorrhage coming from a laceration of the cervix. I wrapped a sterile pad over the fingers of my left hand and inserted them into the vagina against the cervix, pressing down upon the uterus from above with the right

hand, to control the hemorrhage by pressure and gave one c.c. of pituitrin, hypo. After about ten minutes the uterus seemed to go into a series of unequal spasms and disappeared from above the pubes, pushing my left hand downward. It occurred so suddenly that it was a great surprise to me, and though the flaccid abdominal wall I could easily palpate the cup-shaped cavity in the uterus and had two of the nurses also palpate it. I put on another sterile glove and inserted the hand into the vagina and felt a completely inverted uterus. I tried to dilate the cervix with the right hand above the pubes by boring down into the cup, but was unable to do so.

She was rapidly coming out of the anaesthetic by this time. Ether was again given to the surgical degree when I was easily able to dilate the cervix with the right hand through the flaccid abdomen. Replacement was then easily accomplished by pushing up with the left hand in the vagina. The uterus became hard immediately, and there was no return of the hemorrhage. Ergot was administered, 15 drops every 3 hours, for two days. Feb. 10th she was up and about. Feb. 13th she was discharged. Feb. 25th she returned to my office for examination. The uterus was normally involuted. There was a slight laceration of the cervix, no laceration of the vagina, and all parts were involuting normally.

Remarks—The muscular tissue of the uterus seemed very thin and the size of the inverted uterus was much smaller than one would suppose, whether this was the cause of the inversion, or whether pituitrin caused it or both in conjunction, I am unable to say, but it would look as if these were important factors. There was no sign of neoplasm.

Case of Acute Intracranial Process.

By Dr. Sachs, of St. Louis: Patient, 8 years old, had a suppurating left ear for three years following scarlet fever. The ear suddenly stopped draining and with this the patient developed intense headaches and vomiting. There was a slight tendency to fall to left side. Reflexes in both legs abolished. High grade of double choked disc with hemorrhages. In view of the history it seemed probable that this was a brain abscess and this was confirmed by the cloudy mastoid that was seen in x-ray on the left side. Without invading the mastoid cells, the left cerebellum and left temporal lobes were explored but no abscess was found. However, a dilated ventricle was found which suggested that there was a lesion in the posterior fossa. A decompression was done on the left side. As this did not relieve the double choked

disc a decompression was done on the right side a few days later. This also did not seem to help, and consequently a cerebellar exploration was done about a week later and a large glioma about the size of a small crabapple was found lying in the fourth ventricle impinging on both cerebellar lobes. A bit of tissue was removed for diagnosis but no attempt made to remove the tumor on account of its location. Since then the patient has been treated with deep x-ray therapy and at the end of two weeks his choked disc has completely disappeared.

County Medical Societies' Reports

ATLANTIC COUNTY.

Clara K. Bartlett, M.D., Reporter.

The regular monthly meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Atlantic City, on Friday evening, January 13th.

The paper of the evening was by Dr. John Kolmer of Philadelphia, on "Present Status of Biologic Therapy."

The following outline simplified the presentation of the subject:

Immune Sera—Horse: antitoxin; diphtheria, Schick test, T. A. von Behring; tetanus; gas gangrene.

1. Sera: anti-bacterial; antimeningococcus, antipneumococcus, antistreptococcus, anti-gonococcus.

Immune Sera—Human: scarlet fever; acute anterior poliomyelitis; measles, prophylaxis.

Normal Sera—Human: Hemorrhagic of new born, hemophilic, sepsis; psoriasis, early toxemias of pregnancy; T. B. pleuritis.

2. Leucocytes. 3. Vaccines.

Horse Sera: The antitoxin of diphtheria is eliminated rapidly by the kidneys, consequently, an immunizing dose of 1,000 units confers immunity for only a short period, about six or seven weeks. About 70 per cent. of adults are immune to the disease. Schick's test is used to determine whether or not a person is immune. It consists of injecting into the skin of the arm, 1/50 of the minimum amount of toxin required to kill a guinea pig. If the poison is neutralized and no reaction is obtained within 48 hours, the patient is immune. If the injection causes a positive reaction, there is absence of immunity. This is the reverse of the tests in tubercular cases. The test is of real value, but one must be sure that the toxin has not deteriorated. Every doctor should know whether or not he is immune.

The toxin-antitoxin mixtures of Von Behring is also used for immunizing. It endeavors to stimulate our own bodies to make our own anti-toxin. It is a well-established law that what we make by our own body cells sticks with us; what we inject is foreign, and is rapidly eliminated. If pure diphtheria toxins were injected into the skin, they would produce large sloughs. So to a dose of toxin, a small amount of anti-toxin is added, and the mixture causes no ill effects. Give under skin of the arm, once a week for three weeks. Sometimes, there is a severe reaction in adults, but children bear it well. Antitoxin is produced slowly, in from two to four months, but immunization will last for four years.

These procedures are highly recommended

and should be used in all hospitals and institutions for children.

Tetanus antitoxin should be given intraspinally, 10,000 units. It is obsolete to pump serum under the skin. This serum has proved valuable as a prophylactic. The early war reports were negative, due to inferior serum. Later, tetanus cases were rare. War taught the profession not to depend upon one dose. The immunizing value is gone in three or four weeks, and the spores in the wound having developed, will produce tetanus.

In using horse serum, do not forget anaphylaxis. Never give a dose to a stranger without knowing whether or not he is subject to asthma, especially asthma due to contact with horses. The fatalities are due to such cause. The fact that the patient has had serum on previous occasions is no contra-indication. There may be alarming symptoms but not death.

To test anaphylaxis, inject one drop of the serum to be used under the skin, or scarify the skin and rub in one drop. If the patient is susceptible, an urticarious patch appears in about 15 minutes. In cases that give this positive reaction, give the first 2 c.c. of the serum sub-cutaneously; wait an hour, then give the balance of the dose intravenously. This partially desensitizes the patient.

Immune Human Sera is used in scarlet fever. In severe cases, take from a convalescent an ounce or two of blood; separate the serum and inject into the patient. The serum or the whole blood may be used. The injections should be given daily, intramuscularly; there is no danger of anaphylaxis.

Acute anterior poliomyelitis: Serum is taken from one who has had the disease; he may have had it years ago. Give the injections intraspinally. The serum must contain antibodies, hence the profession is cautioned against using plain human serum. Measles: Used as a prophylaxis.

Normal sera is used in cases of hemorrhage; however, sera is giving way to whole blood. An instance was cited in which a father's blood was injected intravenously into an infant, through anterior fontanelle before blood had time to coagulate.

Antibacterial Sera: Antimeningococcus for meningitis.

Antipneumococcus for type I. Nothing has been claimed for the other groups. **Anti-streptococcus:** At times, it seems beneficial; again it seems to be without value. It has been used in endocarditis and puerperal sepsis; always give it intravenously, 50 c.c. at least, possibly 100 c.c.

Antigonococcus: If used, should be given in doses of 30 to 50 c.c.

If first injection does not give results, switch off to another preparation.

Transfusion of 300 to 500 c.c. of blood is used for sepsis.

Auto-serum, is used with success in psoriasis, early toxemias of pregnancy (not eclampsia), and in tubercular pleuritis.

Leucocytic extracts are sometimes used in pneumonia and streptococcus infections.

Of the vaccines, the specific ones produce antibodies; the non-specific result in leucocytosis, fever and general reaction.

Vaccines are used for the treatment of tu-

berculosis, and infections by gonococci and staphylococci.

Dr. Kolmer predicts that the profession will return more and more to tuberculin. This is useful in chronic cases, and in the past, errors were due to the use of too large doses. Only physicians with patient disposition can secure good results, because the treatment must extend over a long period of time.

Autogenous vaccines are used in boils (staphylococci infection); in colds, where anatomical defects of the nose are ruled out; in asthma, due to anaphylaxis; and in localized infections.

The proper place for vaccines is in the treatment of chronic and sub-acute cases. Doses should be given at intervals of 6 or 7 days; if given oftener, the dose should be correspondingly decreased.

CAPE MAY COUNTY.

Eugene Way, M.D., Reporter.

The annual meeting of the Cape May County Medical Society was held in the rooms of the American Legion and the following officers elected for the year 1922:

President, Frank R. Hughes; vice-president, Col. Charles M. Gandy; secretary and reporter, Eugene Way; treasurer, H. H. Tomlin. Delegate for two years to the State Society, Allen E. Corson. Alternate, Henchel Pettit.

An address on "The Early Diagnosis of Cancer" was delivered by Dr. W. E. Darnell of Atlantic City, who was given a vote of thanks by the society. The following resolution was adopted: Resolved, That the Cape May County Medical Society is opposed to any interpretation of the National Prohibition Laws which places upon the medical profession the distribution of alcoholic beverages and condemns any physician or druggist who shall abuse the rights given them under these laws.

CUMBERLAND COUNTY.

E. S. Corson, M.D., Reporter.

The society met at the Weatherby House, Millville, Tuesday, January 3. We were favored by Dr. C. B. Phillips, delegate from Gloucester County, and the Judicial Councilor, Dr. W. P. Conaway being present. The report of the committee on "Cancer Week" showed that largely attended meetings were held at Bridgeton, Vineland, Millville. Drs. W. P. Bland, B. M. Anspach of Philadelphia were the lecturers. Much interest was aroused and results have already been attained. A communication was received from Dr. D. C. English, thanking the society for the gift of a fountain pen. He expressed his appreciation of having intimately known Drs. Joseph Tomlinson, Henry Elmer and T. J. Smith. Dr. E. I. Giles gave an address on her experiences among the mountaineers of North Carolina. The ignorance, superstition and need of the true missionary spirit in meeting their needs and overcoming the difficulties of travel.

Dr. E. C. Lyon read an instructive paper on "The Value of a Pathological Laboratory to a Hospital." The smaller hospitals find it difficult to equip and maintain a good laboratory. In some cases, the staff have equipped and given the pathologist the proceeds from the examinations, eventually he has been well remunerated.

Dr. W. P. Conaway reported his experience in the Bricker trial for criminal practice. He stated the patient after recovery endeavored to retract all her statements made under oath, but by careful maneuvering he had been able to get her confirmation of her entire confession leading to the conviction of Dr. Bricker. Two cases of convulsions under ether anaesthesia were reported.

MERCER COUNTY.

A. Dunbar Hutchinson, M.D., Secretary.

The Mercer County Medical Society has for a few years been negligent, regarding reports of the transactions of its meetings, this has been extremely noticeable and conspicuous by absence in the Journal.

The depletion of our ranks, during the war, due to the great number of our members enlisting, has somewhat upset the regular routine of business, and while the society has maintained sufficient material for regular meetings, yet, the duty of reporting such meetings fell upon the shoulders of men, busy in the every-day round of active practice.

For years back, our meetings have been enlivened by interesting and instructive papers, upon which the authors have spent much time and untiring effort in order that their colleagues might benefit by the discussions arising from the presenting of the subjects intimate to the progress of medicine and surgery.

The promotion of all laudable legislation is best exemplified, in the thorough manner in which the several members of the society, have from time to time expressed themselves before legislative bodies. All this has passed unnoticed, because of the inactivity on the part of no one in particular, but because of the disinterested spirit of everyone in general, we now propose a change.

The space allotted to Mercer in your estimable monthly, will at all times be occupied,—provided, that in the Editor's good judgment, the material forwarded is of a calibre fit to grace your pages.

The Mercer County Society feels indeed justly proud of the great honor, in the presidency of so great a society, as the State Society,—and in that great pride glorified itself, by holding a banquet in honor of Dr. Henry B. Costill, in order that appreciation of the vast work accomplished on the floor of its meetings, and in the halls of the Legislature, might be tendered to our distinguished president.

The banquet was held in the Stacy-Trent on Nov. 9th, and was honored by the presence of Dr. Wells B. Eagleton, Ex-Governor Edward Casper Stokes; Dr. C. E. deM. Sajous. An extremely large turnout of the membership gave evidence of the great esteem and high regard in which Dr. Costill, as a man, a friend, a diplomat and practitioner is held by the community at large.

The meeting in December was largely attended, this being our annual meeting, no program had been arranged, and the following election of officers took place:

President, Dr. Wm. D. Olmstead, 429 East State; vice-president, Dr. H. A. Cotton, State Hospital; treasurer, Dr. H. R. North, 160 West State; secretary and reporter, A. D. Hutchinson, 311 Chestnut avenue.

Annual delegates to State Society: Drs. D.

B. Ackley, H. D. Bellis, H. R. North, Samuel Sica.

Alternate delegates: Drs. F. G. Scammell, George Williams, Lawrence Rogers, R. S. Seibert.

Permanent delegates nominated: Drs. James J. McGuire, G. N. J. Sommer, Edward S. Hawke, Wm. A. Clarke.

Board of Censors: Drs. A. W. Atkinson, for 3 years; G. N. J. Sommer, 2 years; G. R. Moore, 1 year.

The president appointed the following committees:

Membership Committee: Drs. Harry D. Williams, Geo. W. Williams, Wm. S. Collier.

Program Committee: Drs. G. N. J. Sommer, H. B. Costill, D. B. Ackley.

Five new applications for membership were reported favorably, and upon regular action by the society the applicants were duly elected. Two applications were referred to committee.

The treasurer's report was duly audited and found to be correct in every respect, the treasurer being highly commended for the 100 per cent. collections, and for the orderly manner in which the books were kept. We are proud of the record for 100 per cent. paid-up members, covering a period of several years, the treasurer being able to forward every name upon the roll for publication.

From the foregoing report sufficient evidence is proof positive that our 111 members are in earnest for presenting a solid wall against the intrigue of those who would tear down the standard of high education in the progress of modern medicine. The Welfare Committee is composed of men known throughout the annals of society history for their daring and intrepid fearlessness.

Welfare Committee: Drs. H. R. North, C. J. Craythorn, Wm. S. Collier, W. E. D'Arcy, H. D. Bellis, Wilbur Watts.

The next meeting of the society will be held at the State Hospital, January 19th, upon invitation of Dr. Cotton, and will be in the nature of an all-day clinic.

I trust that I may have the pleasure of hearing from you regarding any suggestions that you may deem wise to offer, in order that Mercer County may appear to be again on the map, and ready for work.

MIDDLESEX COUNTY.

James L. Fagan, M.D., Reporter.

The regular monthly meeting of the Middlesex County Medical Society was held on Wednesday, January 18th, at St. Peter's General Hospital, New Brunswick. Dr. B. M. Howley presided.

Dr. A. L. Smith of New Brunswick read an instructive paper entitled "Acute Cholecystitis." He gave a short review of the subject and made some interesting observations on treatment—both medical and surgical—and the application of non-surgical duodenobiliary drainage. The paper was discussed by Drs. L. P. Runyon and Benj. Gutmann.

Dr. Robert L. McKiernan, New Brunswick, presented pathological specimens—one of renal tuberculosis and one of pyo-nephrosis. He made a few remarks regarding the diagnosis and cystoscopic findings in these conditions.

MERCER COUNTY.

A. Dunbar Hutchinson, M.D., Secretary.

The January meeting of the Mercer County Medical Society was held on January 11th at the State Hospital, Trenton, upon Dr. H. A. Cotton's invitation.

There were about sixty physicians present, many representatives from the rural districts being present who are much interested in the work being carried on, and several surgeons on the medical staff, located at Camp Dix, attended (Major P. L. Freeman, Major H. R. McKellar, Major J. A. Bethea, Major F. N. Greene and Captain Williamson). Dr. Weeks and Dr. Rennar from Skillman were present. Trenton surgeons and medical men made up the balance.

Dr. H. A. Cotton, superintendent, conducted the audience through the institution during the forenoon, explaining and demonstrating the different wards and buildings.

Following luncheon at 1 o'clock, Dr. Cotton explained by means of charts and specimens, the results of the progressive methods that have been instituted. Several patients were presented for observation that had fully recovered.

Dr. J. W. Draper of New York performed two re-sections (or colectomies); Dr. John T. Morrissey of New York performed a vesiculectomy; Dr. Stone of the staff performed an enucleation of the cervix.

A short business meeting was held, the rules suspended, and Drs. R. B. Ernest and R. H. Moore were elected to membership. A rising vote of thanks was tendered Dr. Cotton.

PASSAIC COUNTY.

Leon E. De Yoe, M.D., Secretary.

The January meeting of Passaic County Medical Society was held at Odd Fellows' Hall on Thursday evening, the 12th, at 9 P. M.

President Marsh introduced the speaker of the evening, Dr. Abraham Zingher of the New York Board of Health Research Laboratory. Dr. Zingher chose as his subject, "The Schick Reaction and Toxine—Antitoxine Immunization in the Treatment of Diphtheria."

He referred to the progress made in the past 20 years in the treatment of diphtheria and stated that the disease was now preventable. He spoke of the development of a test by Schick, a Viennese physician, to determine a patient's immunity to diphtheria. The injection of a small amount intradermally is followed in the susceptible case by a local redness reaching its height in 24 to 72 hours and slowly fading in from one to two weeks, leaving a pigmented scaly area. He then explained the pseudo-reaction as an anaphylactic manifestation and stated that this is not obtained with heated toxines. The Schick test when correctly performed should include the injection of this heated toxine as a control.

The speaker then took up the subject of active immunity with the toxine antitoxine solution. Experimenting with guinea pigs it was found that the toxine could be neutralized to the extent of not being poisonous, and yet have the power of stimulating the development of antitoxine. This toxine antitoxin mixture is then standardized, and used to produce active immunization in man. The best results are obtained by using three doses of

1 c.c. each, of this toxine antitoxine mixture given at intervals of a week. The immunity develops rather slowly but 95% of cases give a negative Schick at the end of three months. Observation seems to indicate that the immunity will be a permanent one.

Dr. J. V. Bergin opened the discussion and asked of the danger of repeating antitoxin injections from the point of view of anaphylaxis, especially if the antitoxin had been used in a previous attack of diphtheria. Dr. Zingher replied that the danger of anaphylaxis could be disregarded if the antitoxin were given subcutaneously or intramuscularly. Dr. J. N. Ryan then spoke of the great benefit to be obtained by the use of active immunization against diphtheria, and believed it to be the duty of the profession to carry on a campaign urging its adoption by our Boards of Health. Further discussion followed after which the president expressed the thanks of the society to the speaker for his splendid address.

Dr. Zingher then demonstrated the Schick test on the members of the society who desired to be tested.

Dr. Maclay spoke of the high liability insurance rates existing today and suggested a method of protecting surgeons against suits by patients in fracture cases. A general discussion of this subject followed.

The following motion was passed: The Passaic County Medical Society, rejoicing in the political preferment of one of its members, Dr. Lester F. Meloney, in being chosen to the Board of Freeholders of Passaic County, nevertheless hopes that he will remain in the Assembly of the State of New Jersey where he may better help to further the interests of the State Medical Society.

Local Medical Societies.**Jersey City Practitioners' Club.**

The regular meeting of the Jersey City Practitioners' Club was held at the Jersey City Hospital, on Tuesday evening, December 13. Doctor Woodruff occupied the chair, and twenty-one members were present.

After the regular business session, interesting cases were reported as follows:

Doctor Von Deesten described three cases of meningitis. One case of a child twelve years old treated with anti-meningi-coccus serum, with recovery. The other two cases, in infants, complicated with broncho-pneumonia, died. Discussion followed by Doctors Dickinson, Sexsmith and Bortone.

Doctor Cosgrove described two cases of two patients who came under his observation; the first case was one of deformed rachitic pelvis; a rather difficult forceps delivery was performed upon the dead fetus, and the patient was discharged in apparently good condition, on the sixteenth day following delivery. At home a disability followed, with pain and tenderness referred to the region of the symphysis, and an x-ray examination showed evidence of a marked separation of the symphysis pubis. The second case, also an instrument delivery, the indication being an impacted head; patient complained of pain and tenderness in the right sacro-iliac joint, stereo-roentgenographic examination showed a con-

genital anomaly, in the formation of the transverse process of the fifth lumbar on the left side, which dipped down and fused with the sacrum. The patient's condition has since improved, and the tenderness is now practically absent, and the Doctor felt that the anomaly probably had no particular bearing upon the symptoms.

Doctor Miner presented three patients, upon whom he had performed gastroenterostomies. The first, a man past middle life, with a prepyloric ulcer, has gained in weight and been free from all symptoms since his operation some time ago. The second case, a man of forty-seven, who, for the last twenty years had pain and distress after eating; diagnosis, duodenal ulcer; treatment, posterior gastroenterostomy; result, relief from all symptoms. The third case, a man about thirty-five, with symptoms of mild indigestion; diagnosis, duodenal ulcer, confirmed at operation; treatment, posterior gastro-enterostomy, with good results. Roentgenographic films of the different cases were shown, and the operative technique was described in detail. Doctors Bortone, Cosgrove, Woodruff, discussed the cases.

Doctor Wallace Pyle described a case of cerebral Abscess, in which the symptoms simulated typhoid fever; the patient died, and autopsy was not permitted. The second case, an adult woman, with loss of vision and a mass in the outer side of the left eye; intra-ocular tension high, pupils, small, acute glaucoma suspected; iridectomy followed, with relief for a few days; finally the eye was removed and the pathologist diagnosed the tumor as a melanoscarcoma. Discussion followed by Dr. Chambers.

The papers of the evening on "Some Public Health Problems," by Dr. Henry Spence, followed. Because of the Doctor's intimate association with the New Jersey State Public Health Service he was able to convey in a very definite manner the work of this State department. He spoke first of the necessity of educating the public, in order to gain their co-operation, and suggested that this might be done by newspaper articles, moving pictures and in the schools. The principal handicap in carrying on an educational campaign was the very limited funds which were available for the health boards. He described some of the problems arising from the recent epidemic of smallpox, amounting to two hundred cases in Hudson County, and stated that the results in this fight were not forthcoming until radical measures were adopted, and compulsory vaccination had been carried out generally. He also spoke of the problems of the typhoid fever carrier, a problem which is yet unsolved. The work of the public health boards in connection with the inspection of dairies, investigations of foods and drugs, disposal of sewage and frequent testing of water in shell fish areas, and the work of the Child Hygiene and the Venereal Disease Control Departments, was also discussed. In conclusion, he urged the co-ordination and co-operation of the medical profession to bring about better administration of the public health affairs. Doctor Purdy, in discussing the paper, spoke of the work of the medical inspection in public schools. Others to discuss the paper were Doctors Wallace, Pyle, Quigley, Von Deesten, Dickinson, Cosgrove and Mr. Bower in charge

of the Public Health Service of Hudson County. Discussion was called by Doctor Spence.

Associated Physicians of Montclair and Vicinity

A meeting of the Associated Physicians of Montclair and Vicinity was held on Monday evening, January 23rd, 1922, at the Montclair Club, Montclair. The speaker of the evening was Dr. Astley P. C. Ashhurst of Philadelphia, Professor of Surgery, University of Pennsylvania School of Medicine, who read an essay on surgery, taking up the relation of the surgeon to the physician, the training of the surgeon, the principles of operative surgery and other general topics. He made frequent comparisons with military strategy and tactics. The discussion was opened by Dr. Walter M. Brickner of New York, Editor in Chief, American Journal of Surgery, and Attending Surgeon, Mt. Sinai Hospital, who also reported on the treatment of chronic bone abscess by simple evacuation through a drill hole, and on a case of chronic actinomycosis of the groin with recurrences. Dr. Howard D. Collins of New York, Attending Surgeon, City Hospital, recounted his experiences in the recent war especially with fractures seen overseas, and reported some of the end results of a large number of fractures treated in the army. He also made a plea for the more serious consideration of the simple or closed fracture. Dr. John F. Hagerty of Newark, Attending Surgeon, St. Michael's Hospital, elaborated further on Dr. Collin's last point. Dr. David A. Kraker of Newark spoke of his experiences with war surgery, particularly with debridement. Dr. Frank W. Pinneo of Newark, Secretary of the Essex County Medical Society, closed the discussion.

The next meeting will be held on Monday evening, February 27th, at the Montclair Club, 22 Church street, Montclair. "The Tuberculous" will be the subject of a paper by Dr. Frederick M. Dearborn of New York City.

Academy of Medicine, Northern New Jersey.

Stated meeting February 15th, 8.30 P. M. Paper by Dr. William Sharp, New York, Brain Injuries, Diagnosis and Treatment.

Section on Eye, Ear, Nose and Throat meets at the Newark Eye and Ear Infirmary, Central avenue, February 13, at 8.45 P. M. Report of interesting cases.

Section on Pediatrics meets February 14, at 8.45 P. M. Paper by Dr. A. A. Brill, New York, on Psychopathology of Every Day Life.

Sections on Gynecology and Obstetrics and Surgery, February 28th, at 8.45 P. M. Paper by Dr. Edgar A. Ill on Radium—Its Actions and Application. All meetings at 91 Lincoln Park, except Eye, Ear, Nose and Throat as above.

January 30th. The report of a County Medical Society meeting held January 3rd has just been received—too late for insertion this month. This part of the Journal—preceding editorials—is usually arranged for the press about ten days before it is printed. All reports should be sent to the Editor as early as possible as it is difficult to rearrange matter when it is set up in page form ready for the press.—Editor.

THE JOURNAL

OF THE

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PUBLICATION COMMITTEE:

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE.—The transaction of business will be expedited, and prompt attention secured if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

ANOTHER LAST REMINDER.

Delay on the part of many of our members in paying their dues has probably prevented the treasurers of our county medical societies from paying the amount of the assessments over to the State Treasurer, Dr. Mercer.

Many of our best members seem to forget that they are not in good standing until their dues for the present year are paid. They would feel much surprised and perhaps offended if they should look over the printed list and find their names omitted. In view of these facts it has been thought best to defer the final printing of the lists until March. This will give a few days longer for delinquents to pay their dues. The lists will therefore be held open until February 12th, at which time they will be finally closed and sent to the printer for publication so as to be ready to go out with the March issue of the Journal.

Let all delinquents take heed and not trouble their treasurers to send so many reminders to "pay up" DO IT NOW!!! Treasurers will also please send in their final corrections and additions on or before February 12th, so that the final proof may be ready for the printer and the lists printed and bound in readiness for the March Journal.

Recently elected members **should be informed** that paying their initiation fees and their dues for last year does not continue them in membership after December 31st, 1921. Unless their dues for 1922 are paid they are not in good standing nor entitled to any of the privileges of membership. They do not get the Journal nor will they be defended, if sued for malpractice, until their dues for the present year are paid.

We trust that these few "days of grace" will result in our having the name of **every member of our Society** in the printed list.—Wm. J. Chandler, Sec'y.

Members of the Medical Profession should not be careless men—neglecting duty.

GOOD JOURNAL NEWS.

The Editor in last month's Journal expressed his desire to make this year's volume "better than any that has preceded it." He now expresses thanks to the secretaries and reporters of the county societies that have already manifested their desire to enable him to do so. The Monmouth Society report last month and the Atlantic and Mercer counties' reports in this issue are specially encouraging.

We are glad to announce that the net profits of our Journal for the year 1921 were over \$450, notwithstanding the high cost of paper and printing and decrease of receipts from advertisers. We congratulate Chairman Bennett of the Publication Committee for the good work that has brought such excellent results. Present indications for the year 1922 are still more encouraging.

MAINTAIN PROFESSIONAL STANDARDS AT ANY COST

There has been a little criticism of the eight-dollar State Society assessment this year, arising doubtless from inaccuracy of knowledge of the conditions requiring that amount. It is not excessive when compared with that of other States; those of our own State have been unusually low in past years. The Welfare Committee's work last year and the present year demanded a largely increased amount, for which, after hearing the facts from Dr. Eagleton, Chairman of the Committee, and after full discussion, the Society voted unanimously for eight dollars this year, though many members urged making it ten dollars.

The Committee secured the facts necessary for their actions after long and difficult search and at considerable cost of money, which could not be avoided, which facts enabled the Committee to secure legislation that was just to the profession and of immense advantage to the public, and which has received the warm commendation of the profession outside of our State. It has been secured at great cost to the members of the Welfare Committee. They have individually paid every dollar of their personal expenses in carrying on the onerous work, and they have also given an immense amount of time which has cost them in the aggregate thousands of dollars of loss in professional income.

They have thus—regardless of cost to themselves of time and money—sought to maintain the high standards and efficiency of the medical profession in its service to humanity. We shall not dwell on the wisdom of their action, but only remark that the spirit of sacrifice has ever characterized the medical profession to a degree that has never been excelled, if ever equalled by any other profession or body of men, especially in its record of devotion in the great work of Preventive Medicine, which has been called the profession's crowning glory, and never has that devotion been greater or more unselfish than at the present time, when we are seeking to wipe out typhoid fever, tuberculosis, cancer and venereal diseases.

The profession, therefore, has a right to demand that medical men shall be recognized as the only competent men to solve health problems and decide what health legislation is adequate for the protection of the public. The Workmen's Compensation law is utterly inadequate to give such protection, to the workmen especially. Laymen control the methods of procedure, select the doctors, prescribe their duties, terms of service to patients and compensation to the doctor. Corporations have been the chief beneficiaries. The tendency of the law is toward State Medicine with decided political manipulation and control.

DR. WATSON'S GIFT.

Dr. William Perry Watson of Jersey City has done a splendid thing in giving a Christmas donation of \$5,000 in Liberty Bonds to the College of Physicians and Surgeons, N. Y. City, to create a perma-

nent fund, the annual income of which will go to the student of the college who shows the most efficiency in his or her work on diseases of infants and children. It is an exceedingly practical and commendable gift and we are proud that it comes from a Jerseyman.

A PERSONAL WORD.

HAVE YOU PAID YOUR ANNUAL DUES TO THE STATE AND COUNTY SOCIETIES? IF NOT, DO SO TODAY.

It is true that if your name does not appear in the Official List, it will appear later in the Journal among the "Reinstated and New Members," but do you realize that not only the readers of our Journal, but also the editors of the other medical journals and the American Medical Association leaders who receive our Journal and Official List, may possibly regard you, when they see your name in the "Reinstated Members" list as having been **delinquents** needing reinstatement?

Your name as a member of your county society in the Official List is of more value to you than you have thought. Its non-appearance may mean loss of considerable money and it may raise the question as to your standing and influence in the profession. The list goes to press in a few days.

WARNINGS NEEDING CAREFUL INVESTIGATION.

We call special attention to a communication sent to the Medical Record by Dr. F. H. McMechan, entitled "A Call for Reform in the American Medical Association." We have not had time to study the matter fully, but two points need but little consideration for our emphatic approval: opposition to the election of the full Board of Trustees of the A. M. A. for seven years; and to the continuance of multiple representation in the House of Delegates by the election of sectional delegates. These schemes make possible political control by a few men in official position of the organization of the Medical Profession in the United States, and the possibility of more such iniquitous propositions as Compulsory Health Insurance, State Medicine and other schemes for destroying our profession's high standards and efficiency and the public's welfare. The State Society should elect delegates to

the A. M. A. House of Delegates who will attend or resign if unable to do so and have the president given power to appoint alternates. We are informed that only one was present from our State at the last A. M. A. meeting.

AN OUTRAGEOUS LIBEL.

The daily papers have reported that a representative of the Westinghouse Electric and Manufacturing Company said at one of their "safety meetings" at the State House: "I have said to you physicians at other meetings, and I will say to you again here, that your charges are so outrageously exorbitant that they are like sentencing the sick to death."

A statement of this character warrants the use of the ugly word in reply.

The statement that physicians as a class are most considerate of the poor and that reputable practitioners are never extortionate, has never been successfully challenged. It is true that fees which seem large to those unfamiliar with the quality of service rendered are often referred to, but no honorable physician has ever seriously encroached on the financial resources of a worthy patient.

A reputable newspaper should have refused to publish a statement of this character.—Boston Med. and Surg. Jour.

Miscellaneous Items

Yale School of Medicine New Building.

Announcement is made that the Yale Corporation and the Sterling trustees have decided to appropriate \$1,320,000 from the Sterling funds for the erection of a new building for the Yale School of Medicine, to be known as the Sterling Hall of Medicine. It will contain a library of 12,000 volumes, and auditorium, offices and other rooms.

A Movement Against Quackery.—A medical association of southern Germany has published the following communication in the daily press of the community:

"In view of the spread of quackery, the physicians of the government district of Rottweil feel compelled to refuse medical aid, urgent cases excepted, to such persons as are in the habit of consulting quacks—magnetopaths, so-called eye diagnosticians and other would-be therapists."

Dr. Watson's Fund for Students.

Dr. Wm. Perry Watson of 812 Montgomery street, consulting medical director of the Prudential Life Insurance Company, and all during his professional life an expert on diseases of infants and children, has given a Christmas donation of \$5,000 in Liberty Bonds to the College of Physicians and Surgeons to create a permanent fund the annual cash in-

come of which will go to the student of the college who shows the most efficiency in his or her work on diseases of infants and children. The fund will be known as the "Dr. Wm. Perry Watson Foundation in Pediatrics." In 1884 Dr. Watson established the first medical journal devoted to the diseases of infants and children, and gave it the title "Archives of Pediatrics." The journal is still published. Dr. Watson has been forty years with the Prudential. He was responsible for establishing the bulletin board at the Bergen Reformed Church, considered one of the best in America.

The height of therapeutic inefficiency is reached by the physician who is more ready with the prescription pad than with the stethoscope and physical examination.—A. M. A. J.

A CALL FOR REFORM IN THE AMERICAN MEDICAL ASSOCIATION.

To the Editor of the Medical Record:

Sir.—As the fate of the Practice of Medicine is at stake, the following is being sent to every Medical Editor and County Medical Society in the United States. Kindly submit it to the readers of your journal for consideration and action.

F. H. McMechan, M.D., Secretary.

To members of the Medical Profession: The public and professions are being sold out to (1) foundation control of "full time" medical education; (2) lay board domination and the "closed shop" hospital; (3) socialized State medicine, subsidized community health centers, and hospitals under political or university control; (4) legislative dictation of therapy and fees; (5) demoralization of medical standards by the expansion of cults; (6) exploitation of the specialties by lay technicians. These menacing movements will succeed unless they are combated by a powerful and united opposition. Your so-called leaders are either openly fostering these destructive forces or more subtly giving them full fling by a camouflaged neutrality.

The American Medical Association belongs to you and you are entitled to have it effectively protect your vital interests. Let your action on this nationwide referendum carry your mandate. In the present crisis it is up to every county society to instruct all delegates to the A. M. A. meeting at St. Louis, Mo., May 22-26, 1922, to vote for (a) a change of policy and leadership in the A. M. A. pledged to the immediate abolition of the evils mentioned, and constructive protection of medical interests; (b) the repeal of multiple representation and plural voting privilege by section delegates; (c) the election of trustees for a period of two years, five trustees to be elected one year and four the next, to prevent the trustees from perpetuating oligarchical rule. Unless there is a drastic change in the policy and leadership of the A. M. A. the public and profession at large will continue to be misled and misrepresented in the solution of the most pressing problems affecting public welfare and the practice of medicine.

The members of the scientific sections are already represented by the delegates of their respective State societies, and the voting of section delegates is multiple representation, and as such undemocratic and unfair. Unless this plural voting privilege is repealed, the fifteen

section delegates will continue to negative and outvote the delegates of fifteen State societies having only one delegate each.

At present three of the nine A. M. A. trustees are elected each year for a period of three years. There is a proposal before the House of Delegates, introduced at the Boston meeting (1921), to reduce the number of trustees to seven and have the term of office seven years. Unless the proposed election of trustees for seven years is nipped in the bud, the A. M. A. will be relegated to "gang rule" for all time to come.

At the Boston meeting of the A. M. A. (1921), those representing the rank and file of the profession lacked only seven votes of being in control of the House of Delegates, and would have been able to initiate a policy of public and medical protection if they had not been outvoted by the section delegates. In this connection the following editorial note or warning is of pertinent interest:

...."For the benefit of the large number of State journals that exchange with us, we desire to call attention to the necessity of determining where the delegates to the A. M. A. stand on many questions of vital interest to the welfare of the medical profession at large. We have had examples of what some of the leaders in the profession would do to us if they have their way. It is time to know something about the attitude of those whom we send to represent us at the great parent organization, which supposedly represents the voice of a very large majority of the medical men in this country. The trouble of it is we sometimes are betrayed, and if necessary, in order to have our wishes respected, our delegates ought to go instructed."—*Jour. Indiana State Medical Society*, November, 1921.

This warning is all the more necessary since the board of trustees, at the Boston meeting (1921), reported that they had under consideration the advisability of the A. M. A. paying the expenses of the A. M. A. delegates. This simply means further subsidizing of the delegates to control their votes and to thwart the interests of the rank and file. Each State society that values representation by its own delegates must take action against this political maneuver.

This is your opportunity of putting your power of attorney into the keeping of only such delegates to the St. Louis meeting who will openly avow their stand on all vital matters, who will fight your battles, and to whom your interests will be a sacred trust. Self-protection is the first law of life. Act now!

Therapeutic Notes.

Seborrhea Oleosa. — Sabouraud advises the following application of sulphur, applied every night for men and once a week for women:

Camphorated spirit,
Tincture of lavender,
Precipitated sulphur, of each 10.
Distilled water, to make 100.

The lotion is painted on with a small camel's hair brush at night, and the head is washed thoroughly with soap the next morning. A tonic lotion is applied after this. An agreeable lotion recommended by Sabouraud is the following:

Tincture of lavender, 20.
Anhydrous acetone, 30.
Distilled water, 30.
Potassium nitrate, 0.50.
Alcohol (90 per cent.), to make 300.

This is rubbed in with a fairly stiff blush, the applications being made daily, if possible, and continued for ten minutes in the female and four minutes in the male.—*Journal des Praticiens*.

Weak Heart.—

Tincture of strophanthus, 3ss.
Tincture of nux vomica, 3ii.
Compound spirit of ether, 5iiss.

M. Sig. Ten to 15 drops in water every 4 to 6 hours.

Hospitals.

George P. Mellick and John H. Stevens have each made a donation of \$25,000 to the Muhlenberg Hospital at Plainfield, N. J., for the construction of an extension to the Nurses' Home.

The Memorial Hospital, Orange, will receive \$2,000 from the estate of Mrs. Calista S. Mayhew of South Orange.

Linn Memorial Hospital.—On request of Dr. H. J. Harp, Sussex, the Sussex County board of freeholders appropriated \$2,000 to this hospital.

Funds Distributed to Union County Hospitals.—The distribution of \$75,000 to the six hospitals in Union County was authorized recently by the Union County Board of Freeholders, after the receipt of reports of the expense involved in giving free treatment. The apportionment is as follows: Elizabeth General, \$26,915.04; St. Elizabeth, Elizabeth, \$16,209.04; Muhlenberg, Plainfield, \$13,194.24; Alexian Brothers', Elizabeth, \$13,170.96; Overlook, Summit, \$4,824.24; Rahway, \$600.48.

Hospital Notes. — Plans for establishing a \$500,000 hospital in Newark for the exclusive treatment of cripples, under the supervision of Dr. Adolf Lorenz, are being considered by city officials and members of the medical profession as the result of a pledge made by one of the city's foremost citizens to donate \$100,000 and real estate valued at \$50,000 for the project. The philanthropist, whose name is withheld, has made the offer on condition that if the institution is established it shall bear his family name.

Essex County Hospital, Overbrook.—No new patients from outside Essex County, willing to pay or not, will be accepted at Overbrook by the hospital committee of the Board of Freeholders. The committee adopted a resolution to this effect after discussing Supervisor Bowden's annual message, in which he mentioned overcrowded conditions at the institution, caused by allowing other counties and states to send into Essex persons who should be in other institutions. Dr. Guy Payne, superintendent of Overbrook, made the statement that

if all the patients who should be removed were eliminated the institution would still have 200 more than it is equipped for.

Mental Hygiene in Industry.—Practical measures for a mental hygiene of industry call for three types of workers, the psychiatrist, the psychologist, and the psychiatric social worker. The psychiatrist is the best specialist we yet have in knowledge of temperament and conduct; the psychologist possesses some proved methods of measuring mental capacity; and the psychiatric social worker contributes knowledge of the family and social conditions that help form the personality of an individual.—M. C. Jarrett, Hospital Social Service.

Trade Union Plans Sanatorium—The Trades Union Anti-tuberculosis Association, Newark, for a number of years has undertaken the free care of industrial workers who are members of the industrial association. The union is now considering a plan to raise \$25,000 for a country home, where adult tuberculous patients as well as children will receive treatment.

Marriage.

McMURTRIE-PRUDEN—At Morristown, N. J., on January 4, 1922, Dr. William A. McMurtie to Miss Nora C. Pruden, both of Morristown.

Deaths.

HEROLD.—In Newark, N. J., January 20, 1922, Dr. Herman C. H. Herold.

Dr. Herold graduated from Bellevue Hospital Medical College in 1878.

The Newark Evening News, January 21st, contained the following editorial:

Passing of Dr. Herold.—What courage and resolution, with an unconquerable determination to win, may accomplish in the face of serious handicaps was markedly exemplified in the career of Dr. Herman C. H. Herold, ended yesterday. Although illness had for years practically removed him from public affairs, what he accomplished throughout the thirty years of his connection with the Board of Health of this city will continue an active force for public good.

Left fatherless at the age of eight, Dr. Herold's first labors took the form of helping his widowed mother in her grocery store, with a doctor's degree all the while as his ultimate goal. Upon his mother's death, the young lad, then eleven years old, continued at his humble employment, devoting his spare hours to his studies, with the result that he was in due course qualified to enter the Bellevue Medical College. It was characteristic of the young student that while pursuing his medical studies he continued the business which had paved the way, and out of its proceeds maintained himself and provided for support for the younger children dependent upon him.

In all this there should be found inspiration for the youth of the city Dr. Herold served so well.

MacDONALD.—In his office, New York City, suddenly, on January 7, 1922, Dr. Joseph MacDonald Jr. of East Orange, N. J., publisher of the American Journal of Surgery.

He was formerly president of the U. S. Army Medical Examining Board of New Jersey; during the World War he served as major, M. C., U. S. Army.

BOONE.—In Plainfield, N. J., on January 7, 1922, Mrs. Annie M. Boone, widow of Dr. William C. Boone, for many years a practitioner in Plainfield.

Personal Notes.

Dr. John N. Bassin, Newark, has moved his consultation office from the Proctor Building, Market street, to his residence, 843 South 18th street, Newark.

Dr. Lewis B. Hoagland, Oxford, has been re-elected president of the Warren County Mutual Fire Insurance Co.

Dr. George B. Landers, Morristown, has resigned as superintendent of the Memorial Hospital; Dr. C. R. Lloyd has been appointed as his successor.

Dr. Edward Ackerman, Dover, attended the clinic at the Red Cross headquarters in that city.

Dr. Henry O. Carhart, Blairstown, recently drove his car into the gates of the railroad crossing in Belvidere recently, receiving several cuts on his face by breaking of the windshield.

Dr. J. Willard Farrow, Dover, addressed the Dover General Hospital Auxiliary recently.

Dr. Eugene H. Goldberg, Kearny, is recovering from a severe nervous breakdown.

Dr. Frank W. Pinneo, Newark, and wife are receiving congratulations on the arrival of a baby boy in their home.

Dr. F. M. Hoffman and Laurence Runyon, New Brunswick, recently returned from a visit to the Mayo Clinics, Rochester, Minn.

Dr. J. Corwin Mabey, Montclair, and wife recently returned from a month's trip to North Carolina.

Dr. Jackson B. Pellett, Hamburg, and wife visited relatives in Philadelphia last month.

Dr. Joseph E. Pollard, Chatham, took an extended business trip through the South last month.

Dr. Augustus L. L. Baker, Dover, was recently elected senior grand tall cedar of the Morris County Forest Tall Cedars of Lebanon.

Dr. Henry P. Dengler, Springfield, has been sworn in as a member of the Union County Mosquito Commission.

Dr. Harvey S. Brown, Freehold, has been re-appointed county jail physician by the Monmouth County Freeholders.

Dr. Lester F. Meloney, Paterson, was appointed last month by the Passaic County Board of Freeholders to fill the unexpired term of a freeholder recently deceased. Dr. Meloney is an Assemblyman from his district.

Dr. Frederick W. Hagney, Newark, has bought a lot, 667 Elizabeth avenue, on which he will erect a residence and an office.

Dr. Edward S. Krans, Plainfield, was recently re-elected secretary of the local board of health.

Dr. Alexander Marcy Jr., Riverton, has left the country on a Mediterranean cruise, and expects to return April 20th.

Dr. D. C. English, New Brunswick, last month attended the burial services of his sister-in-law at Harrison, Maine.

Dr. Frederick W. Flagge, Rockaway, was elected one of the trustees of the Dover General Hospital recently.

Dr. David Corn, Ridgefield Park, was recently elected second vice-president of the Overpeck Trust Company of that city.

Dr. George Henry, Flemington, was recently elected borough physician.

Public Health Items.

Gloucester.—The annual report of health of the city for 1921 showed: 242 births, 183 marriages and 144 deaths that year.

Newark Health Report.—There were reported in December 1,342 cases of contagious diseases, 300 less than same month the previous year. In November, 1921, there were 967 cases.

Healthiest Year in Newark's History.—Health Officer Dr. C. V. Craster, thus reports for the year 1921. The death rate was 11.2 per thousand of inhabitants, based on an estimated population of 425,000; the birth rate, 27.5; tuberculosis death rate, 1.04; scarlet fever death rate, .05; typhoid fever, .02, and diphtheria rate, .09. The infant death rate was 71.5 per cent., the lowest figure on record. The report gives the total number of deaths as 4,774, 2,487 males and 2,287 females, of which 422 were colored, a decrease of 777. The death rate for the nine preceding years was from 12.57 to 19.72. There was a decrease in epidemic diseases of fifty per cent. over the previous year. The greatest decrease was in deaths from influenza, pneumonia, tuberculosis and Bright's disease. That of tuberculosis was 104.9 per 100,000 of population; in the nine preceding years it was from 130.4 to 215.5 per cent. The infant mortality rate, 71.5 per 1,000 births, is the lowest infant mortality on record. It ran from 84.7 to 104.7 during the nine preceding years.

Causes of Deaths of Mothers.—Prevention and control of illness and death of mother and child are among the most neglected and potentially the most fruitful domains of American public health administration, and, of the problems concerned, the two greatest are the toxemias of pregnancy (including abuminuria and eclampsia) and puerperal fever, of which, the latter is the more readily approached.—W. T. Howard Jr., Am. J. Hyg.

Appropriation to Fight Scarlet Fever in New York.—The Board of Estimate has granted the Health Commissioner an appropriation of \$75,000 to employ additional physicians, nurses, and inspectors in connection with an unusual number of scarlet fever cases in the

city and to take precautions against the possible recurrence of an epidemic of infantile paralysis, which usually runs in cycles of five or six years. In 1920 there were 6,885 cases of scarlet fever here, and 13,880 in 1921. A part of the appropriation will be spent for laboratory study of scarlet fever and infantile paralysis.

Philadelphia Radium Emanation Plant.

The Radium Plant which was opened in the Philadelphia General Hospital November 30th is said to be the largest plant of its kind in the world. Dr. E. B. Krumbharr, director of the hospital laboratory work, said that when the clinic is ready for work he believed that from 50 to 100 patients will be treated daily; that treatment will be given to all who need it regardless of their financial ability to pay. The plant will also be used for scientific research. A number of prominent Philadelphia physicians are on the hospital staff.

Tuberculosis in the United States.—The Department of Commerce announces that nearly 100,000 deaths were due to tuberculosis in the death registration area of the United States in 1920, and if the rest of the United States has as many deaths from this cause in proportion to the population, the total number of deaths from tuberculosis in the entire United States for 1920 was about 122,000 while, for 1919 the number is estimated as 132,000, or 10,000 more than for 1920. The tuberculosis death rate in the registration area in 1920 was 114.2 per 100,000 population against 125.6 per 100,000 population for the year 1919.

Restoring Ranks of Depleted General Practitioners.—The time has come when qualifications for practicing a specialty should be determined by the state authorities, and the most important of such qualifications should be a stipulation that the candidate must have engaged in general practice, in part time at least, for a period of not less than five years. This will restore the depleted ranks of general practitioners for whom there is a crying need, produce a large number of genuine specialists with a greater knowledge of the whole human body and tend to eliminate the specialist in name only.—M. Nicoll, Jr., Health News.

Public Health by Radio.—The U. S. Public Health Service, December 23, inaugurated a semi-weekly wireless health bulletin service through the Naval Radio Station, N. S. F., Naval Air Station, Anacostia, Va. Messages are sent on Tuesdays at 4.15 P. M., and Fridays at 9 P. M., Washington time. It is said that any radio station, amateur or professional, which has a telephonic attachment may be able to read these messages. All radio operators are advised that if they have particular questions pertaining to health which they wish to ask, they may write to the Surgeon General, U. S. Public Health Service, Washington, D. C., for the attention of Radio Service, giving name of operator and call signal of their station, and their questions will be answered by radio telephone at the conclusion of each public health radio message.

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HAY-FEVER AND ITS TREATMENT WITH GLYCEROLATED POL- LEN ANTIGEN.*

By **Ralph Oakley Clock, M.D.,**
Pearl River, N. Y.

Medical writers of the sixteenth, seventeenth and eighteenth centuries mentioned the existence of a certain form of catarrh of the mucous membranes which was correlated to the flowering period of plants, but the recognition and establishment of hay-fever as a true clinical entity must be credited to Bostock¹, who in 1819 described it as a disease with definite symptomatology and seasonal occurrence. The first definite connection between the pollen of grasses and hay-fever was recognized by Elliotson² in 1830; but the medical world is indebted to Dunbar³ for the exhaustive⁴ scientific proof in 1903 of the specific action of pollen as the cause of hay-fever.

Dunbar assumed that the active substances of the pollens were true toxins, but later investigations established the fact that the active substances are proteins with active antigenic properties. The work of Cooke⁴ and others has established the fact that hay-fever is the clinical expression of local hypersensitiveness to the protein of pollen; also that the hypersensitiveness is established spontaneously and never by immunological process. This has been shown in two ways: first, by the observation of Dunbar⁵ that individuals may be sensitive to pollens of plants that are indigenous in foreign countries and with which they have never come in contact; and secondly, by the observation of Cooke that individuals who are naturally sensitive to

one protein only cannot be artificially sensitized to another protein.

Prevalence.—The records of the American Hay-Fever Prevention Association⁶ show that about one per cent. of the population of the United States is susceptible to hay-fever. Because of the large number of people affected (about 11,000,000), hay-fever prophylaxis merits the attention and serious consideration of the medical profession.

Definition.—Hay-fever is a condition of hypersensitiveness to pollen proteins and is produced primarily by the inhalation of wind-borne pollens. However, only those wind-borne pollens that are inhaled during normal respiration cause true hay-fever. Thus, Scheppegegrell⁷ says: "While there are many plants whose pollen may cause the hay-fever reaction when applied to the nostrils, only pollens which float in the air and can reach the nostrils in the course of normal respiration are responsible for true hay-fever." This fact was definitely established^{7,8} by means of atmospheric-pollen plates which were exposed daily, during the hay-fever season, at various stations of the American Hay-Fever Prevention Association and also near the residences of the hay-fever patients. The plates were coated with glycerin and exposed for periods of twenty-four hours and then taken to the laboratory, stained, examined microscopically and the pollens identified.

Sensitization.—Although wind-borne pollen is so widely distributed that the mucous membranes of every person come in contact with it, yet only those who are sensitized develop hay-fever. The sensitiveness to pollen protein increases gradually with the lowering of the person's vitality, with nasopharyngeal disease or obstruction, with an increase in the amount of pollen inhaled, and there also

*Read at the One Hundred and Fifty-fifth Annual Meeting of the Medical Society of New Jersey, held at Atlantic City, June 15, 1921.

seems to exist an hereditary sensitiveness to hay-fever in certain persons.

It may be that the difference between a person who is sensitive and one not sensitive lies in the rate of digestion of the pollen proteins by the respective nasal mucous membranes. The sensitive membrane, as pointed out by Ulrich⁹, may have lost the faculty of rapidly converting the proteins to amino acids or may never have had it. Certain it is that each hay-fever patient represents a state of hypersensitiveness to a definite pollen, as can easily be proved by cutaneous tests with pollen extracts.

Seasons and Causes.—There are three definite periods or seasons of hay-fever in the United States: (1) Hay-fever in April and early May (before the grasses pollinate) is due to the pollen of certain trees, such as the oak, maple, elm, cottonwood and black walnut. These trees disseminate a large amount of pollen which is a local cause of hay-fever. Because of the comparatively few people affected by such pollens (only about 5 per cent. of all hay-fever sufferers), and also because the pollinating season of trees is usually short, pollen therapy for such patients is relatively unimportant except in certain localities, such as the Sacramento Valley in California where pollen from the black walnut trees fills the air for a period of about four weeks.

(2) The vernal or spring type of hay-fever begins in late May and extends through June and July. The principal cause of hay-fever at this seasons is the pollen of the grasses (**Gramineae**). A person who is sensitive to the pollen of one of the grasses is sensitive in various degrees to the others. Thus, Scheppegrell¹⁰ says: "There are several thousand varieties of grasses, but our experience has shown that, when a subject is sensitive to the pollen of one variety, he reacts to all varieties tested, although to a different degree." Again, Walker¹¹ states: "Of the grasses, the pollens of June grass, redtop, and timothy (especially timothy) are the most frequent causes of hay-fever in the eastern United States, although the same patient will react more or less positively to all of the grass family." Timothy (**Phleum pratense**) has been found to be representative of the group of grasses, and an extract of timothy pollen may be used to desensitize a large majority of those persons who suffer from spring hay-fever; because the

grass pollens to which they are sensitive belong to the same biological group as timothy. In the United States, the number of people who suffer from spring hay-fever is relatively small in comparison to the vast numbers who have the fall type or true American hay-fever.

(3) The autumnal or fall type of hay-fever begins about the middle of August and continues until the first frost, usually early in October. The pollens of the rag-weed group (**Ambrosiaceae**) form the principal cause of fall hay-fever. The common ragweed (**ambrosia elatior**) is representative of all the ragweeds as well as the Marsh elder and cockle burs which belong to this group. East of Kansas, 85 per cent. of fall hay-fever is due to the pollen of the common ragweed. In the Pacific and Rocky Mountain States, however, fall hay-fever is chiefly due to the **Artemisia** group, of which wormwood (**Artemisia heterophylla**) is the representative.

Distribution of Pollen.—The pollen of the grasses is not usually carried by the wind for a greater distance than one mile. Hence, the potential area of grass pollens is limited, which doubtless accounts for the comparatively small number of hay-fever patients who suffer from the spring type.

Ragweed pollen, however, is very buoyant and, in windy weather, may travel from three to five miles. This easily explains why a person in the city, who works in an office and who never goes into the country, may suffer just as severely from fall hay-fever as does his country cousin who tills the soil.

Biological Classification.—Although hay-fever is caused by the pollens of hundreds of different plants, investigations,¹² have shown that most of these may be divided into four biological groups:

(1) Gramineae, comprising all the grasses (including the cultivated forms or cereals) which are common in practically all sections of the United States and which are the principal causes of spring hay-fever. Timothy (**Phleum pratense**) is the representative of this group.

(2). Chenopodaceae, including goose-foot, docks, and Russian thistle. A small proportion of spring hay-fever is caused by these pollens. Usually, however, these pollens are more responsible for aggravating those symptoms which have already been caused by the grass pollens.

(3). *Ambrosiaceae*. The principal representative of this group is the common ragweed, ***Ambrosia elatior***, which is the chief cause of fall hay-fever in the United States. It is found in practically all sections east of Kansas.

(4) *Artemisia*, the representative of which is wormwood (***Artemisia heterophylla***). This group is an important factor only in the Pacific and Rocky Mountain States where it largely replaces the ragweeds.

This biological classification is important, because the similarity of the pollens from a biological standpoint makes it not only possible but also practicable to use desensitizing treatment; for, if the application of pollen therapy required the use of an extract of the particular pollen responsible for the patient's hay-fever symptoms, it would make this method impracticable, especially as most persons respond to many different pollens. Tests have shown that the large majority of persons sensitive to one pollen are also sensitive to other pollens of the same biological group. Hence, the application of pollen therapy is simplified and rendered practical, for a pollen extract of one member of a group may, in some cases, be used for the diagnosis or treatment of persons who are sensitive to the pollen of any member of that group. Thus, Scheppegegrell¹³ states: "While there are hundreds of varieties of hay-fever plants, carefully conducted tests have shown that the majority of these may morphologically be divided into four groups, the members of which are sufficiently alike in their chemical and biological reaction to warrant the same pollen therapy."

Insect-borne Pollens. — The fact that hay-fever is caused by the inhalation of wind-borne pollens only, eliminates certain insect-pollinated plants such as the rose, goldenrod, honeysuckle, chrysanthemum, lily-of-the-valley, daisy and strawberry blossoms as an important factor in hay-fever. However, the pollen of many of the common flowers may produce a reaction in sensitive persons if the flower is applied directly to the nostrils so that the pollen is inhaled and comes in contact with the nasal mucosa.

The rose is insect-pollinated and can therefore cause hay-fever only by direct inhalation, because the pollen is not found in the atmosphere. Moreover, its reaction is practically negative, so that there actually is no such thing as "rose cold" or "rose fever."

Again, goldenrod is insect-pollinated and can cause hay-fever only on direct inhalation or when used for decorative purposes in rooms. Hence, goldenrod is an insignificant factor in hay-fever, in spite of the popular belief to the contrary. The fact that many varieties of goldenrod bloom before the beginning of the fall hay-fever season, while the Canadian goldenrod is the most conspicuous flower for about a month after the hay-fever season is over is sufficient evidence that goldenrod is not a cause of hay-fever.

Pollens of Cereal Grains.—The pollen of corn, in spite of its toxicity, is rarely responsible for hay-fever, because its size is so great that it cannot travel far; so that only by close proximity to a corn field can hay-fever be induced. Rye and wheat also have large pollen grains and, therefore, are of little practical importance as a cause of hay-fever. The cereals, however, including rye, wheat, oats and corn, constitute a local cause of hay-fever in many States.

Diagnosis Tests.—Sensitiveness to the pollens of the various biological groups may usually be determined by applying the cutaneous diagnostic test with an extract of the pollen representative of the group. Thus, an extract of timothy pollen may be used to determine sensitiveness to the grasses (***Gramineae***); and an extract of ragweed pollen will detect in a similar manner sensitiveness to the ragweed group (***Ambrosiaceae***).

In the application of the test, a small scarification about an eighth of an inch long and not deep enough to draw blood is made on the flexor surface of the forearm. On this scarification is placed a drop of the pollen extract. At the end of a half hour, the reaction is noted and compared with the control scarification. A positive reaction, indicating sensitiveness to the pollens of that group to which the pollen used for the diagnostic test belonged, consists of a white elevation or urticarial wheal of the skin surrounding the scarified area.

The skin or cutaneous diagnostic test is of value only in determining to what particular pollen or biological group of pollens the person is sensitive, in order to use the proper pollen extract for the desensitizing treatment. The skin reaction is not a reliable guide for measuring the degree of protection afforded by the desensitizing treatment; for Goodale¹⁴ has observed a persistence of the cutan-

eous reaction even after injections of pollen extracts carried on for a period of 4 to 6 months.

Treatment with Pollen Extracts. — In 1911, Noon¹⁵ and Freeman¹⁶ published from Wright's laboratory in London the first scientifically conducted and controlled experiments in desensitizing hay-fever subjects by hypodermic injections of pollen extract. Noon was the first to establish the pollen unit which he defined as the equivalent of one millionth gram of pollen. Both he and Freeman succeeded in alleviating the condition of sufferers from European or spring hay-fever by administering increasing doses of extract of timothy pollen. Clowes¹⁷ was the first to report a definite method of vaccination against hay-fever in this country; but to Koessler¹⁸ must be given the credit for placing the method of desensitization against hay-fever on a scientific basis, for he was the first to report detailed methods of preparing pollen extracts. He adopted Noon's pollen unit and administered the extract of ragweed pollen in accordance with a definite table of dosage.

While these investigations established beyond doubt that desensitization with pollen extracts was possible and that by this means the onset of hay-fever could often be entirely prevented, yet Koessler emphasized the fact that **the aqueous pollen extract was not stable and that it rapidly deteriorated in potency after three or four weeks.** He pointed out that the material to be injected must constantly be of uniform potency and that no extract of pollen which he had studied could comply with this demand after it was more than three weeks old.

Glycerolated Pollen Antigen. — It appeared, therefore, that extracts of pollen could not be generally used by the practicing physician unless some method of extraction could be devised which would insure a uniformly stable product. With this end in view, we extracted pollen by various methods,¹⁹ and succeeded in preparing a stable pollen antigen²⁰ by extracting the dried pollen in 66⅔ per cent. glycerol and 33⅓ per cent. saturated sodium chloride solution. Such a glycerolated pollen antigen proved to be remarkably stable and more potent than that obtained by any other method of extraction. No loss in antigenic properties could be detected in such glycerolated pollen antigens after being stored in the

ice-box for 22 months. Moreover, we were able to accurately standardize the antigen against antipollen serum²¹ by means of **the complement-fixation method, whereby the amount of ANTIGENICALLY ACTIVE PROTEIN in the extract is accurately determined;** thus making it possible to establish a uniform and accurate dosage which insures the maximum degree of protection with the minimum of reaction.

This was a long step forward, for previous attempts at standardization had been carried out by chemical analysis which determines the nitrogen content as an index of the amount of pollen protein present. **Such chemical analysis, however, does not differentiate between the antigenically active pollen protein and that which is denatured or inert.** Pollen proteins, when extracted in physiological salt solution or in dilute alcohol, become denatured and lose most of their specific antigenic properties in 3 to 4 weeks. Such extracts are, therefore, uncertain in their action as desensitizing agents unless used when freshly prepared. But even aqueous or alcoholic extracts of pollen that are a year old and in which the protein has become entirely denatured will still show, when analyzed chemically, the same amount of nitrogen (and, therefore, protein) that was present in the extract when freshly prepared. Therefore, chemical analysis is not a reliable method of determining the antigenic power of pollen extracts.

On the other hand, **only the unaltered protein which is antigenically active enters into the complement-fixation reaction:** autolytic cleavage products or protein split products play no part. The protein in the glycerolated pollen antigen is preserved by the glycerol from autolytic deterioration so that the original standardization is permanent. Hence, this method of standardization and preservation of pollen protein insures accurate amounts of antigenically active pollen protein in every dose of the glycerolated pollen antigen. This stable and accurately standardized pollen antigen enables the physician to obtain results of maximum value in the desensitization of hay-fever patients, and to avoid the undesirable results induced by extracts that have undergone rapid deterioration.

Desensitization.—In the application of desensitization to hay-fever, it is important to always begin with small doses.

The experiments of Weil²² have proved that small amounts of proteins injected repeatedly will desensitize against small amounts, whereas the injection of large amounts of proteins will desensitize against large amounts. Hence, the method of gradually increasing the dose is theoretically correct and the patients must be rendered refractory to large doses about the time of the expected attack of hay-fever. In its practical application, this method has also been proved to be correct.

Dosage.—The scheme of dosage which we adopted for glycerolated pollen antigen consists of fifteen doses of a gradually increasing number of pollen units. The minimal toxic dose was first determined by the instillation into the conjunctival sac of one drop of the highest dilution of the antigen which would provoke a marked hyperemia. While this dilution varied in different patients, the highest dilution of ragweed pollen antigen which produced such a reaction was 1 to 375,000; or, expressed in units of pollen protein, three pollen units. We therefore, use for the initial dose of pollen antigen one-half of the quantity of pollen protein which gives a characteristic ophthalmic reaction. Subsequent doses are increased according to the method advocated by Koessler and Neumann²³ in connection with tuberculin therapy. The principle of this method provides for a continued increase of dosage, but the percentage of increase is so gradual that the higher doses are not sufficient to cause severe reactions.

The glycerolated pollen antigen is administered subcutaneously, preferably in the arm over the insertion of the deltoid muscle. The interval between the doses is usually 48 hours; a convenient plan being to administer the antigen three times a week. Thus, it requires five weeks for the complete treatment of 15 doses to be given. Therefore, best results will follow if prophylactic treatment with the antigen be started about six weeks before the expected attack of hay-fever, so that the treatment will be completed a few days before the date of the usual onset of hay-fever.

Desensitization Not Permanent.—Since hay-fever is not an infectious disease but rather a state of hypersensitiveness to pollen protein, it is impossible to produce a true immunity against it. However, the sensitized condition may often be de-

stroyed by administering small but gradually increasing quantities of pollen protein, thereby establishing temporarily a state of desensitization.

Cooke⁴ and others¹⁶ have pointed out that desensitization in hay-fever is not permanent or stable; freedom from symptoms lasts only as long as the antigen remains in combination with the tissue-antibodies. The state of desensitization is probably complete for only a few weeks after completion of the antigen treatment and gradually diminishes. Hence, it is essential to administer the glycerolated pollen antigen each year just previous to the hay-fever season, in order to protect the person from hay-fever.

Since desensitization gradually disappears and the sensitized condition returns, the maximum protection will be obtained if only a few days elapse between the last dose of pollen antigen and the date of the usual attack of hay-fever. Under such conditions, absorption of naturally occurring pollen from the atmosphere will, in most cases, be sufficient to maintain the state of desensitization throughout the pollen season.

Results of Glycerolated Pollen Antigen Treatment.—The glycerolated pollen antigen which we first prepared in 1915, and which we described²⁰ in 1917, has been used by physicians in all parts of the United States. Clinical history blanks were sent each year to every physician who used the glycerolated pollen antigen in order that we might collect statistical clinical results. A careful examination of 1578 of these records, covering a period of five consecutive years, shows a remarkable uniformity of favorable results in each year from every locality. Some idea of this uniformity of results may be gained from the following verbatim remarks, appended by physicians in various States to the clinical history blanks:

Vermont.—This man, 37 years old, did his haying on a 12-cow farm without troublesome symptoms for the first time in his life, allowing him to dispense with two extra men. On account of the scarcity of help and high price of labor he considered it a most excellent investment.

Massachusetts — Patient very much pleased with result. She went out of doors and was able to sleep with her windows open, two things she could never do before. She scarcely sneezed at all.

Connecticut.—Remained entirely free from hay-fever for remainder of the summer. Six doses of the antigen completely cleared up all symptoms. Patient very much pleased. So was I.

New York.—Patient made a wonderful improvement; he claims he never had a better year than this. His condition in former years was so bad that he had to resort to narcotics.

New Jersey.—In summers of 1917 and 1918 I thought the patient would die from sheer exhaustion. I urged her to submit to this treatment on August 5th, when she began to experience her usual premonitory nervous symptoms. I promised her no results, but much to her delight and mine as well, she had the most happy summer in years. Lost no weight, ate well and did her own work, losing only a part of two or three night's sleep.

Pennsylvania.—Patient always had severe asthmatic type; had to sit up nights to breathe; eye symptoms very severe also. Patient after treatment had only slight symptoms of attack lasting three days; this developed twelve days after his usual date of onset and was very mild. Sneezed a few times and nose ran a little. No asthma. He is very much pleased and will take treatment next year when I hope to give it to him earlier than I did this year. He says it was worth \$500 to him, for it is the first summer in 16 years that he has been able to sleep.

Ohio.—This patient has been for years spending the hay-fever season in upper Michigan. This year she remained at home and with the exception of a few nights, had a comfortable time. She is pleased with the results obtained.

Indiana.—This patient is my son. Formerly it was necessary to take him to Petoskey, Michigan, from August 15 until frost. This has not been necessary since the pollen treatment was first used including the seasons of 1915, 1916, 1917, 1918 and 1919. Each year he has had hay-fever in a mild form extending over the entire hay-fever season. However, no symptoms of asthma, and he gets through the season in comparative comfort.

Illinois.—There were two days in which the patient had a slight coryza that lasted one or two hours. This patient invariably had to go North every year. This year he was able to remain at his work and enjoy life. Further, the injections did not produce the slightest discomfort.

Iowa.—Patient did not need hypodermic of morphine as in past seasons. Neither did she spend a day in bed as in former seasons. Patient was markedly benefited and made comfortable throughout the season. She had no asthma.

Nebraska.—This patient states that this was the first year she was free from asthma since she was 11 years old. (She is now 38 years of age). Other years she was confined to bed for about one week. This year she never lost one day from her work as a housekeeper.

Wyoming.—In this case there was a wonderful improvement. The only time in the last thirteen years that the man did not have to give up his business.

Oregon.—Patient took 180-mile auto trip through country during the thrashing season with no return of symptoms; something he had never before been able to do.

California.—The patient was so badly affected with hay-fever that before treatment was begun he had to sit up in bed at night with his asthmatic attacks and occasionally had to get out of bed and sit in a rocking chair. The asthmatic attacks readily subsided after the second dose of antigen and following the other doses there was marked improvement in the hay-fever symptoms.

Arizona.—This is the first season that this patient, aged 54, has been free from hay-fever, except one winter spent in the Northwest.

Colorado.—Previous to using antigen, it was necessary for patient to give up work for about three or four weeks each year and was considered one of the worst cases. Since using the antigen, the attacks are scarcely worthy of notice and almost a complete cure.

Oklahoma.—Patient was confined to her bed. Was not able to walk around. Had to be propped up in bed at least 45 per cent. of the time during August. She had not been free from asthma and hay-fever for 6 years. After the antigen treatment she had no return of symptoms.

Alabama.—This patient has been entirely free from asthma and hay-fever this season. He is 62 years of age and has had hay-fever for the past 30 years.

West Virginia.—Patient cut corn in the field for self. Something he had not been able to do for 9 years.

These 1578 cases include both the spring type and fall type of hay-fever,

but the large majority (90 per cent.) were of the fall type. The glycerolated pollen antigen was administered to most of the patients (83 per cent.) prior to the hay-fever season, while some patients (17 per cent.) received the treatment during the pollinating season. The most brilliant results were obtained when the complete treatment of 15 doses was administered in advance of the hay-fever season.

The following figures include those patients who received pre-seasonal treatment, as well as those to whom the antigen was administered during the hay-fever attack. In 1915, favorable results were obtained from the glycerolated pollen antigen treatment in 85 per cent. of the cases reported (211 cases out of 247); in 1916, 81 per cent. (373 cases out of 456); in 1917, 81 per cent. (265 cases out of 327) in 1918, 87 per cent. (214 cases out of 245); and in 1919, 86 per cent. (261 cases out of 303). The average protection or relief from symptoms for the 1578 cases reported during the 5 years was 84 per cent. (1324 cases out of 1578).

By favorable results, we mean that either hay-fever did not develop in those persons taking the glycerolated pollen antigen treatment at least 6 weeks before the hay-fever season or, in those patients in whom hay-fever did occur, the symptoms persisted for a few days only and were mild in character. Favorable results were also manifested in the possibility of the patient remaining in his home town and at his usual work during the hay-fever season for the first time in years. When the glycerolated pollen antigen was used during the hay-fever season to treatment actual attacks of hay-fever, favorable results were indicated in that the attack was cut short and the symptoms rendered more mild. Still another evidence of favorable results was in the decided relief from asthmatic symptoms which were associated with 50 per cent. (789) of the hay-fever cases. As a result of the glycerolated pollen antigen treatment, however, the distressing asthmatic symptoms were either entirely prevented or rendered mild and less troublesome in 648 cases or 82 per cent. The percentage of favorable results obtained with the glycerolated pollen antigen in all sections of the United States corresponds closely with the results reported by Scheppege²⁴ who, in a single locality,

used pollen extracts and bacterial vaccines in a series of 707 hay-fever subjects and obtained seasonal cures or marked improvement in 89 per cent. of the cases

Summary and Conclusions.—1. Tests have shown that the majority of persons who are sensitive to one pollen are also sensitive to other pollens of the same biological group, so that an extract of one pollen or any combination of pollens of one group may usually be used to test or treat persons who are sensitive to any pollen belonging to that same group.

2. To produce efficient results, the pollen extract must constantly be of uniform potency.

3. Pollen proteins when extracted in physiological salt solution or in dilute alcohol become denatured and lose most of their specific antigenic properties in 3 to 4 weeks. Such extracts are, therefore, uncertain in their action as desensitizing agents unless used when freshly prepared.

4. Pollen antigen, prepared by extracting the dried pollen in 66⅔ per cent. glycerol and 33⅓ per cent. saturated sodium chloride solution, is a stable preparation; for no loss in antigenic properties has been detected in such glycerolated pollen antigens after being stored in the ice-box for 22 months.

5. Chemical analysis for nitrogen content is not a reliable method of determining the antigenic power of pollen extracts; for such analysis indicates only the amount of protein present, and does not differentiate between antigenically active protein and that which is denatured or inert.

6. Glycerolated pollen antigen is standardized against antipollen serum by the complement-fixation method which accurately determines the amount of antigenically active pollen protein and thus insures accurate dosage.

7. Not only does the glycerolated pollen antigen possess the active antigenic principles of freshly prepared aqueous or alcoholic extracts of pollen, but it also excels such preparations; for we have shown¹⁷ that the antigenic substances of pollen are more completely extracted by our glycerol-sodium chloride method than by any other method yet described.

8. The scheme of dosage adopted for the glycerolated pollen antigen consists of 15 doses of a gradually increasing number of pollen units. When treatment with this accurate dosage is started 6 weeks

before the hay-fever season, the patient is usually rendered refractory to large amounts of pollen protein during the pollinating season.

9. An analysis of 1578 clinical reports from physicians in all sections of the United States, who have used the glycerolated pollen antigen during 5 consecutive years, shows an average protection or relief from symptoms in 84 per cent. of cases with a remarkable uniformity of favorable results each year in every locality.

10. Favorable results were indicated by (a) complete absence of hay-fever; (b) mild hay-fever symptoms lasting only a few days in those patients not completely protected; (c) treatment during the hay-fever season shortening the attack and making the symptoms more mild; (d) asthmatic symptoms being prevented or rendered mild and less troublesome and (e) the possibility of the patient remaining in his home town and at his usual work during the hay-fever season for the first time in years.

11. In view of the herein reported favorable results, it would seem only fair to state that the method of giving prophylactic injections of the glycerolated pollen antigen early in the season offers the best means of any method thus far advanced for the preventive treatment of hay-fever.

12. It is no longer necessary to forsake one's business during the summer months and retire outside the zone of the offending pollinating plants. This was formerly the only rational therapeutic measure but it was also expensive and time-consuming. With the glycerolated pollen antigen treatment, however, the majority of hay-fever sufferers can be successfully desensitized and continue to transact their business in their accustomed surroundings. Hence, the value of the glycerolated pollen antigen treatment has been definitely established.²⁵

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Give bicarbonate of soda to infants with severe diarrhea, and thus avoid acidosis, which is so fatal in infancy. But it is useless for acidosis to a person of any age unless enough is given to make the urine alkaline and keep it so.

THE DIAGNOSIS OF DISEASES OF THE STOMACH.*

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Among the ancients, the stomach was an organ to conjure with. It was responsible for distemper, and as many human illnesses as one could possibly enumerate and even in very recent times Trousseau claimed that up until the middle of the nineteenth century, the organ was clothed with mystery. But the mantle of mystery is fast falling from each and every organ in the body, and modern medicine has attempted to correlate and co-ordinate the exact status of every component of the body. To begin with an hypothesis is only an attempt to reach the truth; to begin with facts is to approximate the truth. Today we know that the stomach is simply a differentiated portion of the digestive tract, susceptible to the same pathology as other hollow muscular organs and, owing to its specific functions, is particularly amenable to certain conditions. There are three conceptions which I would like to emphasize regarding the stomach. They are fundamental conceptions, and form the basis of a more perfect understanding of gastric conditions:

(1) The stomach is essentially the organ of food preparation. If we consider the entire digestive tract as a unit for the digestion and absorption of food—the particular work of the preparation for digestion falls on the stomach. The mouth is the gross comminutor of food; the esophagus is the transit line; and the first holdup is the stomach which prepares food for the intimate processes of digestion. The work of the stomach is both secretory and motor, but no one who has not followed this work from step to step can possibly appreciate the amount of work performed. Take the digestion of lettuce, spinach, meat, eggs, milk and what-not—and study the appearance of this material as it first enters the fundus and later as it is about to leave the stomach. There is a macerating trough in the stomach, the fundus—and there is a fine grinder in the stomach, the antrum. Some continental authors call the antrum the motor of the digestive tract; I would call it the stamp-mill. This conception of the stomach as an organ of food prep-

aration, and likewise the fact that it is the first point of long delay, exposes it to all the effects of any form of dietary.

(2) The second conception of the stomach is the one which regards it as intimately associated with the action of many different parts of the body. For instance, there is a reciprocal relationship between the stomach and the pancreas, the automatic regulation of gastric acidity as elaborated by Boldgreff having received substantial confirmation in our laboratories. Again a deficiency of gastric digestion is, with few exceptions, compensated by small intestinal work. This compensatory factor, or buffer action of the bowel, works both ways, because the stomach is unquestionably the greatest buffer against intestinal disturbances. That gastric and hepatic function are closely co-ordinated must be evident from the history of hepatic cirrhosis, in which much of the irritant going to the liver is probably absorbed on a level with the stomach, and certainly vice versa in every case of portal hyper-tension the stomach suffers. Again the stomach can be part of a broad eliminatory mechanism, as in nephritis, where the vomitus of uremics clearly contains nitrogenous material. Finally, to complete this conception, the stomach is in many cases the true barometer of the autonomic system. It is the most unstable part of the digestive tract, the most sensitive to external stimuli and the portion of the tract which most readily becomes "conscious." A "conscious stomach" like a "conscious heart," is a source of indescribable misery to the sufferer. This association is the one which the clinician meets so frequently, and which demands analysis.

The third conception is the one regarding gastric disease. We recognize today not one but many varieties of inflammation of the stomach: we realize that these inflammations can be secondary to ingested irritants, whether they be dietetic or not, or to diseases of other organic systems in the body. In other words we not only recognize the inflammations, ulcerations, and neoplasms of the stomach as definite entities, but we are beginning to realize more and more the number of functional derangements secondary to acute infections, pulmonary, cardiac, renal, hepatic, intestinal and various endocrine disturbances. The variety of these manifestations; the fact that the gastric disturbance is often the **para-**

*Read at the Academy of Medicine of Northern New Jersey meeting, November 16, 1921.

mount issue in the mind of the patient as a forerunner of some underlying systematic fault—make it imperative that we study in detail the manifestations of gastric function, both in health and disease. Furthermore, the association of gastric disturbances with focal infections in any part of the body is such that any causeless gastric disturbance has been incompletely studied, if this possibility has gone untouched.

Granting, therefore, that the stomach is but a link in the digestive chain and the most unstable link, it becomes necessary to inquire as to methods by which this organ can be properly investigate, and likewise the basis for the study of the findings. This communication is too short to discuss the significant points in the history and physical examination of gastric cases. That they are of the utmost importance is unquestioned. There is nothing more significant than a carefully unravelled history, particularly in ulcer, and its differentiation from other upper abdominal lesions. The gastric cases typically develops symptoms coincident with, or at some phase of, its functional cycle. Much can be said of the subjective data of these cases, but I propose to confine my remarks to the two most important phases in the objective study of the case.

In the absence of any practical direct method of studying the stomach, we have two great objective methods, namely the use of the x-ray, and intubation. Both of these methods are based on definite principles and both have their limitation.

By means of the x-ray it is proposed to visualize the organ and determine definitely its form, position, mobility, and some idea of its motor function. No other method can so accurately delineate these phases of the case. Nine years ago Haudek, in Vienna, said that the fundamental principles of gastro-intestinal radiology were laid down, and in his opinion, but few new discoveries would be made, and since that time how completely refined has this method become. Only a few years previous the other distinguished radiologist of the University of Vienna claimed the Steerhorn stomach was the normal stomach—and yet today we know that normal type represents the minority of the cases. The characteristics of the normal stomach as to its form, position, mobility and evacuation are well known. Any condition

which alters its form, position, mobility and evacuation time can therefore be recognized by this means. In neoplasm, there is a subtraction from the gastric image which is definite and persistent: in ulceration there is more often an addition to the image which is definite and persistent. Spastic alterations may occur with both intra- and extragastric lesions; a delay of 6 hours or more, if constant, is organic disease of the stomach or duodenum in 98% of cases. Fixation of the stomach from adhesion formation, deformation from perigastric enlargement with dilatation, prolapse, the diverticulæ or niche of penetrating ulcer, the moth-eaten irregular deformity of cancer and syphilis, are too well-known to require discussion. Under discussion, however, is the question of mucous ulcer, and the question of visceral position. To reach its present development there was a gradual transition from the gas tube with its platinum tip, to the refined autoregulatory Coolidge tube of today, and so in the study of gastric phenomena we see a transition through a period of almost pure fluoroscopic study, through a second period of serial plate taking, and finally as the most practical routine procedure of the present day, routine fluoroscopy, with only an occasional image registered on the plate. The x-ray picture of ulcer, cancer, gastric syphilis, dilatation, ptosis are in clean cut cases unmistakable and almost pathognomonic. They account, however, for not more than five per cent. of the cases which come to the physician complaining of indigestion. All the chronic inflammations and functional disturbances give no alteration in the x-ray picture and the x-ray evidence is of more value in such cases as eliminating organic disease.

On the other hand with few exceptions these gastric disturbances give rise to alteration in function, alterations which are often best determined by means of gastric intubation. By means of gastric analysis we seek to measure gastric work and if possible demonstrate possible disease. To make a long story short, I would describe the study of gastric work somewhat as follows: We know but two distinct phases of gastric activity, one presumably a rest phase or what I prefer to call the inter-digestive phase. This is the phase encountered in the fasting stomach, the other is the phase of active digestion in response to the administra-

tion of food. This later phase, I call the digestive phase. I have heard all sorts of criticism regarding methods of analyses of the stomach. The reason I prefer fractional analysis in any difficult or doubtful case of gastric disease is because it gives me a picture of the evolution of digestion as well as its general tendencies. Anyone who has used the fractional tube for the aspiration of specimens is scarcely likely to go back to the old tube. One observer says that specimens taken from different parts of the stomach vary. Precisely, this is within keeping with the latest knowledge of the work of the fundus and antrum. Another observer notes that under identical conditions it will give different responses and so claims that the fractional method is at fault. It is not the method which is at fault—it is the interpretation. He could have possibly demonstrated the differences in the same individual unless he had used some method for demonstrating such differences. Do not for a minute confuse a method for removing specimens with the results obtained by the examination of those specimens. There are small daily variations in every human being; we never claimed that the gastric secretion which is in part psychic would show precisely the same curve under the same stimulus. We simply have stated on the basis of not one or a dozen observations, but thousands of observations on several hundred normal subjects, that the responses of these individuals run more or less true to type. A cold for instance, will clearly reduce the acid output, so will emotion, anxiety, or shock. But if that observer or any other individual will take a large group of normal individuals and give them on one occasion, for instance, one hundred grammes of beef and under identical conditions on another occasion 100 grammes of cereal or bread, he will note a distinct and broad difference between the two groups of responses. Furthermore, if he will study a sufficiently large group of normal individuals he will see that these normal individuals can be divided into groups running more or less true to form. He will encounter daily difference not only in the gastric secretion, but in the urinary secretion, the biliary secretion and every secretion in the body. So I say for an estimation of gastric function it is desirable not only to record the phenomena of the fasting stomach,

but also the nature and character of the stomach to a definite load or test meal. It then follows that if a **disease** of the stomach or outside the stomach occurs which alters function, it should be apparent by this examination.

Let us take for example the fasting stomach—clearly there are certain points which are apparent. (1) There is a small amount of active or continuous secretion, but no food; (2) the acidity both free and total is one-half that of the digestive cycle on the average; (3) tryptic content is fairly high; (4) in about one-half the cases there are traces of bile, but practically never pure bile; (5) there should be no food, no blood, no pus.

Pause for a moment and consider the walls of the stomach approximated by so-called peristole function, and realize that pathologically we have five possibilities as mechanisms operating to alter the normal finding.

(1) We have a tremendous prolongation of the digestive phase into the interdigestive phase, so that instead of the normal small residuum we have a large residuum with food. This is the retention type.

(2) We have a large highly acid residuum without food—evidence that the secretory mechanism which should have returned to the interdigestive phase has not done so, but continues to be hyperactive.

(3) We have not only the residuum but in addition exudation from a gastric lesion—blood, pus, mucus and fragments of the lesion.

(4) We have the stomach as a drainage trap for the swallowing of all forms of exudate from upper respiratory and oro-pharyngeal infection. This material, being swallowed, is readily detected in this way.

(5) We have evidence of a back flow from the bowel, with bile and pancreatic fluid in the stomach, a common finding in certain forms of migraine and in intestinal disturbances.

In other words, we have a prolongation of the digestive period or one of its phases, we have the exudation from the lesion, we have the collected swallowed material from above, and finally the possibility of a backflow from the upper small bowel, as definite factors which may be determined by an examination of this period. The significance of these factors and the interpretation of these

findings is beyond the province of this paper. That they occur, and that they can be readily demonstrated is readily evidenced to any student who follows this work.

The analysis of the digestive phase is a somewhat different matter. This is what is commonly understood by gastric analysis, but as I see the problem this phase of gastric analysis has only three questions to answer: (1) Measure the motor function of the stomach; (2) measure the secretory function of the stomach; (3) demonstrate any evidence of gastric pathology, such as pus, blood, mucus and the gastric cytology.

In measuring motor function, fractional study enables us to determine the exact point at which a fixed meal is evacuated from the stomach. In the sub-acidities and achylia, in those cases at the pylorus with infiltration, and after gastric enterostomy, the period is perceptibly shortened. On the other hand almost all organic lesions at or near the pylorus result in a perceptible lengthening of the period, readily demonstrable in this way. A whole chapter can be written on this subject, but the point is, the exact determination of the motor end point as a measure of muscular and sphincteric work, atony, and gastric myasthenias will cause short delays, while organic blocks at or near the pylorus will often occasion pronounced lengthening of the digestive period. The measurement of this factor is essentially a measure of muscle work.

On the other hand a study of the secretory curve is essentially a measure of mucosal work, and anything which either directly or indirectly interferes with or alters the mucosa will alter its output. This is the essential principle in the interpretation of the secretory curve. While there are marked variations in the high acidities, the low acid figures are distinctly more significant, and any persistently low acid output indicates a definite disturbance in mucosal function. In various communications, I have endeavored to point out the essential points as I saw them in interpretation. The conception of the acid curve as a direct index of mucosa work is to my mind the essential one. For instance, an inflammation of the mucosa can reduce the output; nerve inhibition can reduce it; it is reduced after acute infections; it is progressively reduced in carcinoma; less

progressively in syphilis, and in certain focal infections there is an unquestioned reduction. In certain systemic conditions such as pellagra and diabetes and in Basedow's disease, the same phenomenon was apparent. The point I want to make is not the interpretation of these facts, but the outstanding feature that the same effect, a definite reduction in secretory output, has been brought about through totally different mechanism.

The third point, namely, the determination of evidence of true pathology—such as pus, mucus, blood and the exudate from lesions—is of the same importance in the gastric contents as it is in any other secretion in the body.

I have found it helpful to divide all forms of gastric responses into four general groups: (1) The first group in which there is a clean digestion but simply secretory variations—this is the type encountered in all the different forms of systemic and extragastric disturbances, affecting directly or indirectly the gastric output; (2) the digestive responses associated with increased mucus production. These include the whole line of inflammations of the stomach of which there are many different varieties; (3) the curves with blood—gastric in origin—in which congestion, erosion and ulceration come into play, and finally; (4) the group of cases with gastric pus, indicating an infection of the gastric wall seen only in four conditions—infected gastritis, infected ulcerating carcinoma, ulcerating gumma, and finally the rare condition of phlegmonous gastritis.

There are many points which might be discussed in reviewing this subject, but the fact remains that only those gastric conditions capable of altering the motor or secretory phase, or contributing some evidence of their presence in the gastric contents, can be determined in this way. I have seen ulceration which totally failed to alter either secretion of motor function, and gave no evidence of its presence. This does not prove that there is anything wrong with the method; it simply emphasizes the fact that ulceration can and does occur in the presence of intact gastric function. So I have seen advanced disease and masked disturbance in function in cases of infected gastritis, in which x-ray studies failed to reveal the slightest abnormality in the stomach. It is only the careful co-ordination of all the facts of the case: the association of

every method of study that might throw light on its origin, and the intelligent pursuit of any clue that might explain the phenomena at hand—which yield the greatest result.

Because the diagnosis of an intractible dyspepsia does not belong in the group of surgically recognizable lesions of the abdomen, is no proof that some marked disturbance in function, some hidden focus of infection, or some distinct disturbance is not really the real factor. Every method of study has its limitations—limitations imposed not only by the skill and experience of the operator, but limitations inherent in the methods themselves. Nevertheless a conscientious study of any gastric cases along the lines I have suggested cannot fail to be of value.

PREVENTION OF MENTAL DISEASES.*

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The problem of prevention of mental disease is analogous to that of infectious diseases but it is decidedly more complex. In a certain number of cases, however, the causes are as definite as in bacterial diseases. For example, in Paresis the condition is due to syphilis and syphilis is preventable. In the largest majority of cases the etiological factors are not as well understood. In spite of it a good many factors are contributory, directly or indirectly, to the causation of mental diseases. **Infectious** diseases are the direct cause of certain types of mental affections. Typhoid fever, measles and influenza, septic conditions, malaria, and other infectious processes are all capable to produce primarily or in a contributory manner a few pathological mental processes, such as confusion, delirious states or stuporous conditions. Prevention of these mental states is in direct relation with the prevention of the infectious diseases themselves. As to the mechanism of production of the morbid mental processes, one may find some explanation in the experimental work which tends to show that a high temperature has a disastrous effect on the nerve cells, either through

their disturbed oxygen metabolism or through coagulation of globulins and proteins of protoplasm; also through the presence of toxins around the cells.

Among the febrile processes coincident with infectious diseases, **Influenza** deserves special mention. It is one of the most frequent processes which not infrequently, after the acute phase had subsided, produces profound disturbances in the higher functions of the brain. The intensity of the mental phenomena, as well as their curability, depends upon whether the individuals suffering from it present or not a previous history of psychopathic traits. The psychoses encountered in this disease are: (a) a profound confusional state with delusions and hallucinations; (b) a confusional state without hallucinations but with illogical conceptions; (c) cerebral asthenia with conspicuous amnesia phenomena. It is remarkable fact that in this affection which is due to a toxi-infectious process the amelioration in the mental condition runs parallel with the improvement in the general physical state of health. Hence the preventative measures are clearly indicated.

Syphilis plays a very potent role in mental disturbances. Mental deficiency, epilepsy, are not infrequently due to congenital syphilis as evidenced by biological investigations. If we consider further its effect on the central nervous system with the result of very large numbers of Locomotor Ataxia, Paresis, specific headaches, specific palsies of central or peripheral nature even as far as the third and fourth generations, also various manifestations simulating the classical psychoses, we are bound to admit the tremendously deleterious affect of syphilis and consequently the very large scope for preventive measures.

Tuberculosis is another affection which belongs to the preventable category. It is a toxic-infectious process of a chronic character which exercises a profound influence on the intellectual and affective spheres. Tuberculosis may produce inflammatory lesions of the cerebrum directly or else may produce changes in the cortical cells through the toxins.

The mental phenomena consist of general enfeeblement of intelligence, of changes in the affect, of changes in the disposition, of vague ideas of a mild delusional character and of changes of conduct. When the intoxication is more

*Abstract of an address delivered before the Wayne Junction Medical Society, December, 1921.

profound one observes psychotic disorders of a more serious character, namely cloudiness of intellect and of consciousness, confusional states with hallucinations mostly visual, amnesia. Delirium or stuporous states or else depression are met with in another group of cases. Finally, the well-known polyneuritic syndrome is encountered in advanced periods of the tubercular process.

Clinical, anatomical, and experimental evidences points to the fact that tubercular lesions must necessarily lead to the possibility of secondary tubercular involvement of the cerebrum and thus produce psychic disturbances of a serious character. The knowledge of such a possibility is a sufficient indication for careful and repeated examinations by all possible methods for tuberculosis, and thus by checking its spread for prevention of mental derangement.

Besides the microbic diseases which may give rise to mental disorders, let us consider briefly **toxic conditions** from other sources which may lead to mental derangement. **Alcohol** stands in the first place and is conspicuous with its effect on individuals and races. It has been proven repeatedly and in the most incontrovertible manner that its effect on the nervous system and on the intellectual processes is great, and still greater upon individuals sprung from neurotic stock, thus constituting a strong predisposing factor to insanities. In alcoholism we find a progressive tendency to mental and bodily degeneration, and in the offspring a tendency to all varieties of mental defects. If alcoholism is an acquired habit in a very large number of cases, a habit which is at first developed from social and business reasons, so that the individual eventually becomes a slave to it, prophylaxy can be easily practised and carried out. Sometimes alcoholism may be but an early symptom of an acute mental affection.

It is also well known that alcohol has a very unfavorable effect on all varieties of mental diseases. It is, therefore, evident on what lines our preventive activity is to be carried out.

Opium, cocaine, heroine are other external factors which are capable of causing mental derangement or mental and moral degeneration. Literature is abundant with examples of the most deteriorating effect of these drugs on physical and

mental health. Prophylaxy in such cases must be directed not only on legal grounds, but also and perhaps more persistently on the victim's constitutional make-up which through an inherent weakness allowed itself to become a prey of habit.

Having considered exogenous factors causative of mental affections, let us briefly mention the **endogenous** factors, namely those which originate within the organism as a consequence of physical affections, or by internal secretions. Disturbed metabolism having its origin in the gastro-intestinal canal or in various viscera, or else in the endocrine organs, are not infrequently direct causes of mental disturbances. Much work has been done lately in that direction, based chiefly upon post hoc ergo propter hoc; empirical removal of certain local infections of organs followed by a certain amount of improvement in the pre-existing mental disorder prompted some investigators to view the latter as the direct results of the former.

In spite of these numerous theories and apparent proofs, much actual demonstration of this contention remains yet to be brought forth. On the other hand if in a few cases the results of such procedures have been seemingly beneficial, one must not neglect to follow this line of investigation of preventive and curative medicine.

In considering the causes of mental disturbances and their prevention, one must not ignore another causative factor which, if known, will give direct indications for proper prophylactic measures. I mean **cranial injuries**. Not infrequently we meet with cases in which an obscure and diffuse mental disorder followed a fracture of the skull or haemorrhage. In this respect protection of employees in factories, in industrial centres, in railways or in other directions in which the worker is exposed readily to traumata, prophylactic measures should be regulated and enforced.

There is another variety of causes of insanity besides those described above, namely purely **psychical causes** the impetus to which was given by Freud and his disciples. Without going into details of the psychoanalytic teaching with its views concerning repression, dissociation, censors, conversion, etc., it is sufficient that in the morbid phenomena to which the psychoanalytical methods are appli-

cable, one finds fundamentally a fight between phantasy and reality.

The phantasy is a source of pleasure. That it represents an imaginary gratification of repressed desires is the chief contention. Without recognizing the necessity of finding in all cases a sexual basis for many abnormal mental manifestations and without accepting Freud's teaching in tota, psychoanalysis rendered this service that it showed how important is a careful training and the proper choice of environment; and how necessary it is on the part of the parents and educators to place themselves in the closest understanding and sympathy with those in their charge also how urgent it is to insist upon frank and undisguised relations to each other. Only in such cases neurotic or psychotic manifestations with their serious consequences can be avoided.

At this juncture it wouldn't be amiss to call attention to some **exciting causes** of mental derangement which in the midst of the great strain in which we live confront us daily. Disappointments, shocks of any character are very frequently the immediate exciting factors of a mental disorder. Unemployment, privation, under-nourishment, overwork, continuous worry—are all well-known factors for mental disturbances. Excesses of all sorts leading to exhaustion are another immediate factor in the onset of mental disturbances. It is to be borne in mind that the last group of causative factors can commence a mental affection only on one condition, that the individual living under that stress is apt or predisposed to break down more readily than others. This is possible in individuals who through hereditary transmission of morbid characteristics are prepared at one time or another and mostly in early life to succumb under trying circumstances. This leads to the consideration of the **problem of heredity** which could be considered as the most prevalent of the predisposing elements in etiology of mental diseases.

The continuity of the germ-plasm is a conception which is pretty well adopted by most scientific investigators. The problem of inheritance of acquired characters is not accepted by all. To sum up the subject of inheritance we may say, that the individual invariably bears evidences of tendencies acquired through the germ-plasm of his parents, but also

evidences of the influence of the environment.

With regard to mental disorders in connection with heredity, Mott has shown that the children with a tainted nervous heredity are affected much earlier in their life than their parents. On the average at one half the age of the parents. In this proposition, if it is true, one can see an effort on the part of nature to eliminate bad stock, so that in several generations there may be a return to the normal. Mendelian theory of inheritance is another important study in this respect. It is based on the view that certain unit-characters of the individual are represented in the germ-plasm by definite material entities called "determiners," and inheritance is dependent on the segregation and grouping of these determiners. Some of the latter are "dominant," and others "recessive." This theory which at first was elaborated by Mendel on plants has been also applied to mankind and eugenics may profit considerably from it. For example, in two parents, healthy themselves, but with a recessive determiner in one family, according to Mendel's calculations, in the resulting offspring there will be a certain proportion of diseased to healthy. On the other hand, if the healthy parents are free from tainted determiners, the family will be healthy.

It is therefore evident, that all formulated laws of heredity have a considerable bearing on the race and should be taken into consideration in our attempts to prevent the propagation of unsound stock. Practical instructions should be given in schools and colleges, in societies and all kinds of associations with regard to the essential and fundamental laws of heredity. A preventive campaign can accomplish and bear fruit to a far greater extent than actual treatment of deficiencies and abnormalities.

MONOCULAR EXOPHTHALMOS.*

By **B. M. Howley, M.D.,**
New Brunswick, N. J.

Monocular exophthalmos is a condition which on account of its invasion of one eye at once classifies it as not being exophthalmic goitre or Basedow's disease.

The exophthalmos may vary from a

*Read before Rutgers Medical Society, on January 20th, 1922.

few m.m. to a condition where the eye is literally forced from the orbit.

There are many causes which enter into monocular exophthalmos as an aetiological factor:

Tumors of the orbit, ethmoid or sphenoid, cause a slow growing exophthalmos which may be months or years developing. Abscess in the ethmoid, sphenoid, frontal sinus or antrum give rise to a much more rapid exophthalmos as a rule. Haemorrhage in the orbit is generally the result of traumatism. Paralysis of the ocular muscles or tenotomy of muscles can result in a slight exophthalmos. Thrombosis of the ophthalmic vein and brain tumor are causes of exophthalmos. Pulsating exophthalmos is due to changes in the blood vessels, in and around the orbit.

A few clinical cases will be a much more interesting way to illustrate the condition than other ways.

1. G. W. came to see me Dec. 8th, 1919, suffering from a marked exophthalmos of the right eye. Eye was inflamed and displaced forward and outward. No fluctuating could be detected. History of a gradual swelling with some pain for the past ten days. There was a very offensive nasal discharge. Diagnosis of ethmoiditis with perforation of the orbital plate and orbital abscess. Under ether anaesthesia an opening was made into the orbit between the eye and the inner part of the orbital ridge. A very copious flow of offensive pus resulted. Ten days later under cocaine anaesthesia the ethmoidal cells and sphenoid on the right were opened. The sphenoid was simply a large abscess cavity and the pus was the most offensive that I have ever experienced. Later an operation on the left ethmoidal cells and sphenoid was undertaken to relieve the discharge on that side. Wassermann was negative. The patient looked tubercular, but if it had been tubercular I would have expected his death as he had the most extensive necrosis and infection at the base of his skull that I have ever seen. Therefore, notwithstanding his negative Wassermann I put him on mixed treatment with, I think, success.

2. H. H. came to see me Nov. 20th, 1918, with the history that he had been struck on the left eye and his head forced through a window two days previous. Examination showed a marked exophthalmos of the left eye about 22 m.

Paralysis of all the muscles of the left eye, pupil dilated, no vision, no response to light, anaesthesia over left side of head. Slight cut in conjunctiva under eyeball. Report from the radiographer said that there was a foreign body in the orbit near the apex. Three radiographs were taken with the same result. As he had come in contact with a window I considered that the foreign body must be wood or glass. Wood is highly infective and when six days passed without any sign of infection I considered that surgical interference on the report was not urgently necessary. Patient claimed to have pulled a piece of glass from his eye at the time of the accident but as he was intoxicated at the time, I did not consider his statement as very reliable.

Diagnosis was made of haemorrhage in orbit—possible fracture at optic foramen.

Patient made a perfect recovery so far as muscular action of the eye but did not recover his sight. The last muscle to recover was the external rectus. One of the last symptoms to disappear was anaesthesia over the left side of the head. Patient complained of headaches which were very severe and constant. He was informed of the x-ray findings and also the reasons we did not operate. Enucleation was advised if headaches continued. Feb. 7th, 1919, he was ordered a + .50 spher. over the other eye to see if it would help his headaches. Enucleation was refused and he claimed to be benefited with the glasses.

Feb. 1, 1920, he came to see me suffering with headache, stating his head had felt bad for some months and his good eye was inflamed and tender. He consented to enucleation, which was done next morning. No glass or foreign body was found in the eye or in the orbit.

3. A. F. was seen in consultation. Complained of an exophthalmos of right eye but said that he had an exophthalmos in the other eye which had disappeared. He was suffering in that way for three months, with one being affected and then the other. At no time did he have an exophthalmos in both eyes. Examination of eyes showed 20/20 vision in both eyes, no changes in fundus or field. Radiographer reported some evidence of trouble in the ethmoidal cells, on both sides. Operation on ethmoidal cells was advised but refused. He was not seen after that but his physician reported

that six months later the right eye was enucleated because of the exophthalmos at sight was gone and it was annoying. Later the left eye was removed. The surgeon who operated stated that there was a growth in the region of the ethmoid and sphenoid.

4. A. P., age about five years, was seen in consultation. Right eye had been gradually protruding for about ten days. History of measles followed by pneumonia was obtained. There was a marked exophthalmos of about 15 to 16 in. There was no inflammatory oedema although the recti muscles were fixed. More tenderness was marked on the inner of the eye. Diagnosis of orbital abscess was made. Under anaesthesia pus was located in the back part of the orbit and drainage of the same resulted in a speedy recovery. This case probably was the result of an acute ethmoiditis with the rupture of ethmoidal cells in the orbital cavity.

5. Mrs. T. E., was seen in a home for incurables Dec., 1914. Was suffering from a gradual ossification of most all the joints in her body. For some years she noticed a gradual enlargement of the right eyeball which lately had become more marked. Examination showed a marked exophthalmos of the right eye about 16 to 18 m.m. and the veins of the eyeball stood out prominently which prevented a complete closing of the lids. Patient suffered little pain in eye but was conscious of a bruit on that side of the head. As she had myopia with choroidal changes her vision in the eye was poor. Patient was observed for about four or five years before she died, during which time her symptoms became more prominent. In this case the diagnosis of pulsating exophthalmos was made.

County Medical Societies' Reports

ATLANTIC COUNTY.

Clara K. Bartlett, M.D., Reporter.

The regular monthly meeting of the Atlantic County Medical Society was held February 10, 1922, at the Hotel Chalfonte, Atlantic City.

Dr. Thomas Shallow, of Philadelphia, discussed "Post Operative Treatment and Complications." Acidosis follows general anaesthesia, never local. It is associated with vomiting but not with abdominal pain; the patient vomits for hours, sometimes weeks. The diagnosis is made upon urinary report, as well as upon the odor. The treatment consists of instilling into the bowel four ounces of a so-

lution of bicarbonate of soda and glucose, every six hours; if given oftener the solution will not be retained. In severe cases the continuous method is used; more than 20 drops per minute is not retained. Nothing should be given by mouth for twenty-four hours.

Acute thyroid intoxication is accompanied by general bodily pain. Little is known about this condition. The treatment is expectant and symptomatic.

Disturbances of Gastro-intestinal Tract—Tympantitis, combined by enema, is controlled in a short time. Ileus is by some considered a paralytic condition of the bowel; this is not a paralysis, but a muscular weakness associated with abdominal distention, vomiting and abdominal pain.

Septic Condition in the Abdomen—The vomitus is green and yellow, no gas is passed; pain. It arises within four days. The treatment is to use the stomach tube every 2 or 3 hours if tolerated. Every 3 or 4 hours an enema of milk of asafetida, and Hoffman's anodyne is given. A hypodermic of strychnine and eserine salicylate given every hour for four doses.

Acute Dilatation—Vomiting, a symptom. Distention is limited to the epigastrium. On percussion of the epigastrium, a tympanitic note is elicited. Treatment: Use of stomach tube every 2 hours. After thorough washing, a small tube is left in situ. Eserine, strychnine and pituitrin are the drugs used. It is always associated with grave condition, due to an amount of infection of the peritoneum; it is not necessary associated with abdominal pain.

Circulatory System—Pulmonary embolus follows stomach operations, and sometimes follows appendicitis. It occurs as late as the ninth day. The respirations rise to 40; pulse, 140 to 150. Usually there is more than one embolus, sometimes as many as 10; cardiac stimulants are used.

Mesenteric Thrombosis—Bloody bowel movements; sudden, sharp abdominal pain, and tympanitic distention. Speaker had only seen two cases.

Kidney Retention of Urine—After operation, kidneys do not secrete freely, so patients are allowed to go 12 hours before using a catheter. After the second twelve hours, catheter is used every 8 hours. Diminution of urine is very important. 24 hours sample measured and examined for 5 days. When albumin and casts are found with diminished quantity, put on liquor ammoniac acetatis.

Breaking Open of Incision—Use splint sutures in all abdominal cases over 3 inches in length.

Acute Pulmonary Edema—Nighth of operation. Use dry and wet cups. Large doses of atropine, as much as 1-25 gr. Bronch-pneumonia—inspiratory dyspnea; rales in large tubes; treated in croup tent.

Dr. Elmer Funk of Philadelphia followed; his subject being "Discussion of Tuberculosis." He emphasized the importance of his subject by stating that one out of every twelve persons dies of this disease; that of those in industrial work, one out of every four. It is estimated that there are 125,000 sick in the U. S. He cited the campaign carried on in Framingham against this disease, as an illus-

tration of what can be accomplished. In four years time, the death rate was cut in half.

Recently 90 to 95 per cent. of doctors believed infection occurred in childhood. The tendency now is toward the belief that reinfection is more important. Adult tuberculosis is the result of recent infection and not of childhood. Open cases should be segregated. What is meant by active tuberculous disease? Physical signs in civil life are unreliable.

X-ray not reliable evidence; it cannot tell more than that there are abnormal shadows; it does not tell whether these shadows are caused by conditions past or present. The history—spitting of blood, fistula in ano, loss of weight, pleurisy, cough, are important evidence; cardiac conditions and hypertrophied thyroid must be excluded. In early cases, the signs are not present. The sputum is not to be depended upon.

The diagnosis of advanced cases is not easy. Of 1,200 cases received into the hospital, a number was incorrectly diagnosed. The principal cause of error is due to failure to recognize the geographical distribution of lesions. The disease generally starts in the apices, and if these are clear with no signs, the condition is not likely to be tuberculosis. It must be differentiated from cardio-renal disease, post-influenzal complications, pulmonary syphilis, foreign bodies, pulmonary abscess, new growths and asthma. In diabetes associated with tuberculosis we have a vicious combination. The diabetes was the first condition, and it is this condition toward which the treatment should be directed.

In operations, do not use ether. The treatment should be institutional; there is a system and rhythm in such life that cannot be attained elsewhere. Prolonged rest, at times, even months in bed. All the food that can be digested. The gastric symptoms are due to diminished motility and acidity. The gastric residue is four or five times normal residue. The stomach should be washed out every morning or every other day. Supplement this treatment with hydrochloric acid, 20 drops in periods throughout the meal. The bowels should be regulated. Hemoptysis has been over treated; leave alone. Of drugs, codeine is most useful. Therapeutic pneumothorax is valuable in selected groups, not in early or advanced cases, but in middle group. In laryngitis, put at vocal rest, otherwise these cases go to advanced stage.

Many cases are arrested but few are cured.

CAMDEN COUNTY.

J. W. Martindale, M.D., Reporter.

The regular quarterly meeting of the Camden County Medical Society was held in the Dispensary building, Dr. Levi P. Hirst in the chair and Dr. Daniel Strock at the desk.

The minutes of the preceeding meeting were read and approved.

Dr. David D. Davenport was introduced to the society and signed the constitution and by-laws.

Dr. David Bently, Jr., read a paper entitled "The Value of the Clinical Laboratory to the General Practitioner." The paper was discussed by Drs. Ross, Casselman and Wm. Jennings.

Dr. A. Haines Lippincott read a paper entitled "The Treatment of Acute Gonorrheal Urethritis in the Male." This paper was discussed by Drs. Costill, of Trenton, Dowling, Benjamin, Arthur J. Casselman.

Dr. A. Haines Lippincott, chairman of the Welfare Committee of the Society, brought to the attention of the society the request of the State Welfare Committee that the County Society express its opinion on the advisability of introducing into the State Legislature bills controlling the proposed marriage of those supposed to be infected with venereal disease.

Dr. Lippincott said the county welfare committee recommended the modification of the bill 144, so that the contracting parties would be required to state that they were not suffering from venereal disease so far as they knew. He spoke strongly against the provision of the bill which required a physical examination of the contracting parties. The matter was discussed by Dr. H. H. Davis, Dr. Costill, Dr. Strock and T. B. Lee.

GLOUCESTER COUNTY.

Henry B. Diverty, M.D., Reporter.

The Gloucester County Medical Society met at Hotel Paul, in Woodbury, January 19, 1922, at 2 o'clock P. M.

Delegates from Atlantic and Salem counties were present. Prof. Frank Watson of Haverford College, Philadelphia, spoke on "Medical Social Work." His address was greatly enjoyed by our members. Dr. Truman Schnabel of Philadelphia gave a most interesting address on "Some Problems of the Gastro-intestinal Tract."

The following is a report of the committee on Dr. Halsey's death:

Resolved, That the Gloucester County Medical Society records with deep sorrow and regret the death of our esteemed fellow member, Dr. Luther M. Halsey of Williamstown, New Jersey, on March 20th, 1921, at the age of 63 years. His death was due to interstitial nephritis.

Dr. Halsey was associated with the Gloucester County Medical Society for the past twenty-nine years, was its senior member as to period of membership. He served one year as its president and afterwards as a member of the Board of Censors.

He also served as president of the State Medical Society in 1899, and served nine years as a member of the House of Delegates of the A. M. A.

He was also a member of the Board of Managers of the State Hospital, Trenton, for several years, part of which time he was president of the board.

For forty-one years he practiced medicine in Williamstown, in this county, and by his skillful and faithful service to the community in which he resided, he endeared himself to all with whom he came in contact, and has left a place in the affectionate regard of those to whom he ministered that will be hard to fill.

Therefore, be it resolved that we have lost a distinguished and faithful member, that the community which he served so long and faithfully has lost a beloved and eminent physician, and we hereby express our sorrow and heartfelt sympathy to his family in their bereavement! and be it further resolved, that a copy

of this resolution be spread on the minutes of the society, and that a copy thereof be presented to Mrs. Halsey.

James Hunter, M.D., Committee.

HUDSON COUNTY.

Wm. Freile, M.D., F.A.C.S., Reporter.

The regular meeting of the Hudson County Medical Society was held at the Carteret Club on January 3rd. Called to order at 9 P. M., Dr. S. A. Cosgrove presiding.

Reports of Committees: The Dinner and Membership Committees reported progress. The Welfare Committee met at Stacey Trent and had conference with State Board of Medical Examiners, to consider rules for governing Chiropractors; suggested to limit them so that no venereal, contagious or infectious diseases could be treated. 2. Licensure of various cults now in existence and unlicensed suggested by State Board of Medical Examiners; this attached by medical profession was withdrawn. 3. Agreed to combat all efforts of Osteopaths to gain increased privileges, and to support program of State Welfare Committee regarding Compensation Laws.

New members proposed: Drs. Julius Heilbrunn, of Jersey City; Miles T. Long, of Jersey City; John W. Harvey, Bayonne; John J. Pogliuighi, Union Hill. These having necessary endorsements were referred to censors.

Dr. M. A. Swiney of Bayonne reported an interesting clinical case of a man with diaphragmatic hernia with intestinal obstruction from same and death resulting from this latter condition. Mass on autopsy showed dense adherence of gut to substance of lung preventing reduction of loop of gut.

Papers of evening: Dr. P. D'Acieno read an interesting and exhaustive paper on "Pericolic Bowels," giving as his theory of their origin, trauma coupled with longitudinal malformation of normal bowels.

Dr. A. E. Olpp, Congressman from the Twelfth Congressional District, explained the Toner Maternity Bill and condemned it as being an effort at paternalization.

Papers discussed by Drs. Dickinson, Rector, Jaffin, Niemeyer, Quigley, Sweeney and Sexsmith and were closed by respective authors.

Meeting adjourned at 11 P. M.

February Meeting.

The Hudson County Medical Society met at the Carteret Club February 7th, 1922, Dr. Samuel A. Cosgrove, President, in the chair. The usual routine business was transacted.

The counsel bill of \$150.00 was ordered paid.

Dr. Quigley reporting for the State Legislative Committee stated that they were working on the Compensation Act to separate medical and surgical fees, and to do something about the poor hospital recompense by having the 28-day clause stricken out, and by having authorization made for exception of cases by the Department of Labor when such cases needed unusual or prolonged treatment. He also mentioned that the Naturopathic bill would be opposed vigorously, and that furthermore a bill which assumes to take control of T. B. hospitals from the Board of Managers and place it in the hands of the Board of Freeholders is likewise to be opposed.

The Membership Committee had no special report to make.

The Banquet Committee reported a balance of \$85.53 turned in to the treasurer. The committee was discharged with the thanks of the meeting for the success of the banquet.

Under the Health Survey Committee, Dr. Jaffin asked that present committee be re-organized. On vote the present committee was discharged. The usual bills of communications were ordered paid and filed. On vote was moved and carried that per capita tax of \$1.00 per member be paid to the Professional Guild of Hudson County as dues for 1922.

Dr. Shapiro of West Hoboken spoke on the Shick Test and mentioned that on the 20th inst. the demonstration of its technique and efficiency will be made in West Hoboken, and on motion the Hudson County Medical Society endorsed his idea.

Selected new members: Drs. J. J. Pagluighi, Union Hill; Julius Heilbrunn, Jersey City; Miles T. Long, Jersey City; J. W. Harvey, Bayonne.

The meeting then proceeded to hear the papers of the evening, which were the Acute Abdomen (surgical) by Dr. Donald Miner, the Acute Abdomen (medical) by Dr. Howard S. Forman.

We send these two essays herewith for publication in the Journal.

MERCER COUNTY.

A. Dunbar Hutchinson, M.D., Reporter.

The Mercer County Society met on February 8th and we were highly honored by the presence of Dr. C. E. deM. Sajous, who addressed the society on the subject, "The Present Status of Endocrinology, from the Viewpoint of the Clinician."

Dr. Sajous, as usual, became so enthused over his subject, that his time being limited, in order to catch a train, he was unable to cover the subject, to the entire satisfaction of his hearers. He dwelt in detail upon the many attacks appearing in the several journals, upon this subject, and while some were unjustifiable, others were made in good faith, owing to the present chaotic state of mind existing amongst the several investigators in this branch of medicine.

The address was of an entirely scientific nature, dwelling at length upon the varying results obtained in the physiological laboratory, from a physiological standpoint, as compared with the clinical investigations from various experiments. Dr. Sajous deplored deeply, the lack of co-operation upon the part of investigators, in this line of work, and advanced this lack as a reason for the existing chaotic condition—stating that he was anxious for the truth, no matter from what source it took inception.

The adrenal secretion occupied the most prominent part in the address, the reference to the pituitary and thyroid only being in a comparative sense.

Dr. Sajous believed in giving credit to all the numerous investigators, whether big or little, and using all the several branches of medicine in bringing the truth into the spotlight. The address will appear in the American Journal of Medical Sciences. Several members entered the discussion, and all present were greatly interested and highly entertained.

The society went on record as being in sympathy with the move, as outlined in resolutions submitted to the society of the Advisory Committee, regarding the delegates to the A. M. A. meeting to be held in 1922.

A proposed joint clinic day with Monmouth County was discussed and the president will appoint a committee at a later day.

PASSAIC COUNTY.

The February meeting of the Passaic County Medical Society was held at Odd Fellows' Hall on Thursday, the 9th, at 8.45 P. M. Dr. E. J. Marsh presided.

Dr. T. A. Dingman read the history of an unusual case of malignant disease of the small intestine, and showed the specimen which had been removed at operation. The tumor was in a woman, age 31 years, and had caused an intestinal obstruction. The pathology of this case was reported by Dr. B. M. Bolton and was diagnosed as a round-celled lympho-sarcoma.

The speaker of the evening was Dr. J. W. Sherrill of the Physiatic Institute, Morristown. Dr. Sherrill spoke on the subject of Diabetes. Dr. Davenport of Passaic opened a most interesting discussion of Dr. Sherrill's remarks and the president expressed the thanks of the society to the speaker for his splendid address.

As the subject matter of Dr. Sherrill's lecture and reports of the work being done at the Institute will be later published in the State Journal, his lecture will not be reported at this time.

A discussion of the Schick tests reported at the previous meeting followed.

The names of members whose dues had not been paid were read and motion was carried that these names be dropped.

SALEM COUNTY.

William H. James, M.D., Reporter.

The regular meeting of the Salem County Medical Society was held at the Nelson House, Salem, on February 1st. The following physicians were present: Drs. Hilliard, Green, Hummel, Smith, Davis, Church and Sherron of Salem; Drs. DeGroff and Husted of Woodstown, Dr. Good of Alloway, Dr. Summerill of Pennsgrove and Dr. James of Pennsville. The visitors present were Drs. Thos. B. Lee of Camden and W. P. Conaway of Atlantic City, and Mr. J. H. Gunn, secretary State Welfare Committee.

Dr. Lee read a paper on "Radium and Its Uses in Gynecological Work."

Dr. Conaway, who is a member of the Judicial Council of the State Society, gave a very interesting talk on the duty of physicians to their patients so as to prevent malpractice suits, etc. Salem County seems to be exempt from any such unpleasant complications.

Mr. J. H. Gunn, who is secretary of the State Welfare Committee, gave a discourse on the prospects of medical legislation, dealing principally with osteopathy and study of amendment of the Compensation Law.

At the conclusion of the meeting the members enjoyed the usual banquet.

The society decided to hold its next social session at the new County Club, situated on the Delaware River, about three miles from

Salem, which, when completed, will be the finest club house in South Jersey. The time of the meeting will be during the month of May when the toothsome shad are at their best.

SOMERSET COUNTY.

R. F. Hegeman, M.D., Secretary Pro Tem.

The regular meeting of the Somerset County Medical Society was held at the Court House, Somerville, February 9th, at 3 P. M. Dr. Lancelot Ely presided.

There was a large attendance to hear the very excellent paper presented by Dr. John F. Hagerty of Newark on "Diseases of the Thyroid Gland."

Dr. Hagerty discussed in a clear and concise manner the various symptom complexes of dysthyreosis, hyperthyroidism and hypothyroidism. He closed his paper by outlining the treatment for these various conditions. The paper was illustrated by numerous pathological specimens and photographs of patients.

A lively discussion followed. This included the reporting of several interesting cases by various members of the society.

Local Medical Societies.

Bayonne Hospital Meeting.

The regular meeting of the staff of Bayonne Hospital was held on December 31, 1921. No matters of particular importance were acted on.

The clinical conference of the staff took place on January 5th, at which the entire dispensary and hospital staffs collaborated.

The last meeting of the Bayonne Medical Society took place at Elks' Hall, on January 16th. Dr. A. J. Molloy presiding in his usual capable and loquacious manner. Dr. Shapiro presented a case of evident epithelioma of the lip, that was to be treated by radium. Dr. Shapiro has promised to present this patient at various times during, and after the treatment, in order to allow the members to gauge the efficiency of the treatment. Most of the interesting cases for discussion were set aside in order to listen to the paper of the evening by Dr. Donald Miner of Jersey City. "The Acute Abdomen" was the doctor's theme, and was given a most attentive hearing by the society members. Dr. Miner's citation of his various cases, gave his hearers a most instructive evening.

Hoboken Medical Society.

The regular meeting of the Hoboken Medical Society for December was held at the Union Club, Tuesday evening, December 20th, at 8 P. M. President Natrass called the meeting to order.

Dr. W. J. Matthews reported a case of a child who had developed chickenpox two days following a fall and a paraplegia four days after the fall. A lumbar puncture showed blood in spinal fluid. Otherwise the spinal fluid was normal. The chickenpox has cleared up and the paralysis is improving very rapidly.

Dr. H. T. Von Deesten reported a case that had been operated upon eight years ago for gall stones. Two weeks ago the patient was taken suddenly ill with an attack simulating

gall stones. Patient went into shock so rapidly that she was not considered an operative risk. The patient died. An autopsy showed many adhesions from the former operation, a stone in the common duct and a perforation of the stomach.

Dr. Lewis reported three cases. The first was a case of phlebitis followed by acute endocarditis and death. The other two cases were obstetrical. One patient developed a temperature of 104.5 twenty-four hours after delivery and the other developed a temperature of 105.5 thirty-six hours after delivery. The former developed into a case of pyelitis and the later scarlet fever.

Dr. T. E. Schuck reported two cases of acute gangrenous appendicitis that had shown no pain, tenderness or rigidity over McBurney's point.

Dr. F. M. Child reported a case of a woman with a history of gall stone colic and seventy pounds less of weight. Operation revealed gall stones and a carcinoma of the gall bladder.

Dr. J. C. Farr reported a case of strangulated inguinal hernia in a baby fourteen months old.

The paper of the evening was by Dr. W. F. Faison of Jersey City. His subject was "Radium and Its Uses in the Treatment of Disease." Dr. Faison's talk was extremely interesting and instructive, and brought out a general discussion by the members.

Jersey City Hospital Staff.

At the January meeting the report showed that 950 patients had been treated in the hospital during the preceding month, 644 of whom were discharged; cured, 178; improved, 373; unimproved, 9; 36 transferred to other institution, and 48 died; 306 patients remained in the hospital. There were 135 major and 140 minor operations, and 35 T. and A. operations. Dr. H. J. Bogardus reported a case of toxic psychosis. Dr. C. B. Kelly reported three cases of obscure abdominal diseases.

Dr. Samuel A. Cosgrove, to whom had been assigned the paper of the evening, "Hospital Organization for Blood Transfusion," reported a plan which would provide one hundred or more acceptable donors in transfusion cases. Part of the plan provided for the examination of all unmarried members of the Police and Fire Departments of the city, who would be willing in emergency, to contribute their share of blood. It was stated by Dr. Cosgrove in his paper that Dr. John Nevin, Medical Director of the Jersey City Hospital, was co-operating with him in an endeavor to enlist the interest of the young men of the departments, and that Director John Bentley had expressed himself as in favor of the idea. That it was expected that the plan would very shortly be enforced.

Jersey City Practitioners' Club.

The regular monthly meeting of the Jersey City Practitioners' Club was held at the Jersey City Hospital, on Tuesday evening, January 10, 1922. President Woodruff occupied the chair, and nineteen members were present.

After the regular business session, interesting cases were reported as follows:

Dr. Immanuel Pyle described a case coming under his observation of multiple congenital dislocations, and outlined the treatment which this patient had received twenty years ago as

compared to present day treatment. Interesting x-ray films were exhibited.

Doctor H. J. Bogardus presented a case of toxic psychosis in a boy seventeen years of age, with symptoms simulating tuberculosis of the hip. Improvement followed the extraction of certain diseased teeth and the evacuation of an abscess which formed on the anterior aspect of the thigh, which appeared to be limited to the soft tissues.

Doctor S. R. Woodruff presented a specimen removed from a woman fifty-four years of age, whose principal complaints were tenderness in the right lower quadrant and bloody urine. Operation revealed what appeared to be a neoplasm in the upper pole of the kidney. A calculus was also present in the upper ureter. The case was particularly interesting because of the fact that the symptoms and signs were not at all suggestive of the lesion found at operation.

Doctor S. A. Cosgrove described a very unusual case of complete heart block with Adams-Stokes syndrome. The patient, a man of forty-two years of age, who recently had complained of frequent attacks of syncope which gradually increased in severity up to a few months prior to his death. These attacks were preceded by distinct aura, which were recognized by the patient, who at the time might be conversing normally. After the attack passed, during which time animation appeared suspended, he would regain consciousness and take up the conversation where it was interrupted. An autopsy was not permitted. Doctor Forman, who also saw this patient, discussed the case.

The paper of the evening by Dr. F. J. Quigley, on "Endocervicitis" was then read and listened to with great interest by all present. Discussion followed by Drs. Dickinson, Miner, Bortone and Cosgrove.

Newark Beth Israel Hospital Staff.

Nathaniel G. Price, M.D., Secretary.

Transactions of the monthly clinical meeting of the conjoint medical staff of the Newark Beth Israel Hospital, held December 5th, 1921, Dr. Max Danzis presided. Departmental reports for the month on the various services of the hospital and the activities of the clinics were rendered by the superintendent, Dr. Paul Keller. The regular order of business was then suspended to give leeway to the scientific program, namely a discussion of ectopic gestation. Dr. Edward J. Ill had previously consented to open the discussion.

Drs. Danzis, Davidson, Huberman, Rettig and Rogers reported in detail five interesting cases of ectopics observed and operated during the month of November, 1921, at the above hospital. A resume of 15 cases treated at the hospital during the year with a statistical analysis was prepared and reported by Dr. M. Singer, assistant registrar.

Case 1 had the following interesting features: A repeated ectopic pregnancy; the patient was previously cured for supposed incomplete abortion; she sustained a tubal rupture in the examining physician's office.

Case 2. This patient did not miss a period; previous history entirely negative; had metrorrhage for four weeks; was cured for incomplete abortion; on operation a three months' fetus was found in the abdominal cavity.

Case 3. Patient did not miss a period; slight bleeding for three weeks; the diagnosis of a probable unruptured ectopic was made. After the patient was in the hospital for several hours she suddenly developed marked symptoms of shock and collapsed; operation revealed an isthmal rupture.

Case 4. Missed a period for one week; then began to spot; complained of sharp, shooting pains in right iliac fossa; pulse and temperature normal; internal examination revealed a mass adherent to the uterus tender to the touch; on operation a tubal abortion was evidenced and a rent in the ovary; pathological report showed a corpus luteum cyst of the ovary and tubal pregnancy.

Case 5. Patient was previously operated on for purulent appendicitis; sterile for 10 years; she missed one period; began to spot and had intermittent cramps and diarrhea; had lancinating pains in the right shoulder requiring morphine hypodermatically for its control; sudden collapse and acute pain; isthmal rupture of the left tube found.

Summary of 15 cases of ectopic pregnancy at hospital:

The average age was 32 years. The period of sterility ranged from 1 to 18 years; average $5\frac{1}{2}$; 64% gave a history of sterility.

Four or 28% gave a history of adnexal disease as follows: (a), 1 had a previous ectopic; (b), 2 had puerperal sepsis; (c), 1 had an ovarian tumor.

Two or 14% suffered from uterine diseases; dysmenorrhoea in 1 and operation for retroversion in another. 28% of this series were previously operated upon for other pelvic conditions such as retroversion, curettage, oophorectomy and ectopic. Only 28% of these cases were diagnosed as ectopics before rupture, either by the attending physician or at hospital. 71% were diagnosed after rupture.

Fifty per cent. were previously curetted for supposed incomplete abortion or endometritis by the family physician. 85% gave a distinct history of having missed a period, being overdue from a few days to 8 weeks. 71% had spotting; 14% suffered from metrorrhagia and the remaining 14% gave no history of bleeding. The pulse on admission was normal in 78% of the cases; above 100 in 21% and 7% were pulseless. Shock was present in 35%.

Complications: Late vomiting in 1; 4 had infected hematoceles, due to curettage in all cases, making a total of 35%. Acute pain was present in 92% of the cases. There are 4 tubal ruptures; 1 interstitial, 1 ampullar, 2 isthmal—a total of 29%. 1 was unruptured.

There were 9 tubal abortions, 65%. In one of these a correct classification could not be made because only a posterior colpotomy was done. Patient made a good recovery. No further interference was necessary. Repeated ectopic pregnancy, 1, or 7%. Recoveries were 100%.

Dr. Ill's discussion: Rupture in an ectopic takes place as a result of fatty degeneration in the tube at the seat of the pregnancy and as a result of a contraction in the tube. If the degeneration takes place in the meso-salpinx, the rupture occurs into the broad ligament, instead of peritoneal cavity, forming an interligamentous hematocele. In differential diagnosis, rupture of vein in broad ligament without ectopic should be considered. Bleeding

from fibroid may be mistaken for ectopic or the two may concur. It is important to differentiate between tubal rupture and tubal abortion because whereas former requires immediate operation, later may get well without operation.

Dr. Ill dwelt on most important and typical symptoms of tubal rupture, called attention to fact that in tubal abortion pain is localized to one side, may last for one-half hour, not followed by distinct collapse or fainting spell. These attacks may be repeated from time to time until large pelvic hematocele forms. On sectioning the tumor mass, clots of various ages are found.

Hemorrhage is usually not alarming because fibrinated extremity of tube contracts on each clot formed. The cases which die are only those in which rupture has taken place close to uterus. In tubal abortion deaths have occurred only as a result of infection brought about by previous surgical interference such as curettage. He urged strongly against the indiscriminate use of the curet or sound.

Treatment: Peritoneum absorbs blood serum and rapidly re-establishes circulation. Do not give fluids or stimulation as this increases bleeding. He advised in very extreme cases to operate only after the patient has recovered from initial shock following rupture. He advised against attempts to wash out blood from abdominal cavity, urging rapid opening of abdomen, tying off proximal and distal end without resection. In cases requiring transportation to distant hospital, operation at patient's home is indicated as some are not able to stand strain of journey to hospital.

Dr. Rogers: Called attention to fact that previous ectopic pregnancy or abortion and other adnexal operation predispose to ectopic and he spoke of advisability of removing one or both tubes as case may be. Made a plea against the too frequent use of the curet and called attention to fact that some general practitioners consider curettage as an operative panacea for all gynecological ills. He emphasized the fact that no pathological diagnosis should be made unless chorionic villi are demonstrated in specimen. Urged operation in all cases of extra-uterine pregnancy since a differential diagnosis between tubal abortion and rupture cannot positively be made out even by most expert. He therefore considered surgical interference as safest procedure.

Dr. Jacob Polevski reviewed in detail a number of interesting cases treated during the month on the medical service, bringing out a great many points of interest.

Physicians' and Surgeons' Club.

Regular monthly meeting held Tuesday evening, December 20, 1921, at the Carteret Club, Jersey City.

Interesting cases were reported by Drs. Enright, Hill, Hasking, Jones, Willis, Webber and Frundt.

The paper of the evening, "Some Diagnostic Phases of Abdominal Pain," was read by Dr. J. S. McDede. The paper was an excellent resume of abdominal pain especially in regard to referred and reflected pain, showing physiological association of the Sympathetic Nervous System. Active discussion followed.

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Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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WILL YOUR NAME APPEAR?

The Official List of Officers, Members, Permanent Delegates, etc., of the State Society will be sent to our members with the April Journal. We were unable to have it printed in time for this month's issue.

No name will appear of the 1921 members who have not paid their dues for 1922. That List is regarded as fixing the standing of the medical men of New Jersey with the American Medical Association and other medical organizations and as expressive of their attitude in upholding the standing and honor of the profession.

Can YOU afford to have YOUR name omitted from that List of the organized medical profession of New Jersey?

The Journal goes to press before the Legislature has acted on our medical bills. It is predicted that: Our Workmen's Compensation bill will pass with some amendments, but that it will be much more just to physicians and workmen than the present law; the Venereal Disease Control bills have slight chance of passage unless materially amended, through the women of the State strongly favor the bills other organization as strongly oppose. The bill introduced by false cults will doubtless fail of passage in either Senate or Assembly.

THE ADMINISTRATION OF THE NEW JERSEY WORKMEN'S COMPENSATION AND REHABILITATION ACTS.

The State's experiment of applying physical rehabilitation to workmen injured in industries for three years shrouded in mystery now brings forth facts not yet clearly revealed to the citizens of the State or the medical profession, notwithstanding the fact that up to this time \$230,000 of State's money was appropriated for the operation of the Rehabilitation Act. This law was enacted in 1919 for the purpose of aiding vocationally physically handicapped persons in the State excepting the blind and children under certain age. There was also a provision for the establishment of a memorial school for vocational training. The Rehabilitation Commission evidently unable to adapt a workable plan for vocational guidance and training which was the chief purpose of the law had turned to the physical or medical features of rehabilitation, although that phase is merely touched upon in the wording of the original act. Leaving out the majority of indigent physically handicapped persons in the State, the Commission had applied itself mainly to the Workmen's Compensation Bureau of the State Department of Labor treating cases that came before the Workmen's Compensation Courts. The idea prevailed that because the doctors in the State failing to do their duty toward some of the Workmen's Compensation wards it was necessary for the Rehabilitation Commission to do so as a matter of public policy just as if the poor patients in the State of New Jersey have ever been refused treatment by the profession. All that in view of the general hospital charity wards being constantly filled and patients treated by the profession without the slightest hope of remuneration, the same applying to the general practitioner who in the majority of instances treats these cases oft without pay. Such fanciful propaganda was prejudicial to the profession in the State.

The true cause of such patients failing to obtain further treatment in the hands of the profession however lies in the faulty compensation law which not alone limits the amount of compensation but what is much worse the time limit up to 28 days immediately following an accident. It clearly appears that the activi-

ties of the Rehabilitation Commission were being applied to fill the absolute relics of an inadequate and therefore unjust Workmen's Compensation Act. In the interest of the welfare of the people and State's economy, it seems logical to amend the Compensation Act, thereby saving time, energy and money by preventing the necessity for rehabilitation of the cases that come before the Workmen's Compensation Courts. An amended Workmen's Compensation law would apparently entail an additional expense by creating an organization of a truly representative body of medical advisers, but the outlay of such moneys will be more than compensated for by saving more than that amount to the rehabilitation fund by encouraging work along lines of surgical prevention. The activities of the Rehabilitation Commission may thereafter be directed to benefit only the indigent physically handicapped persons medically as well as the majority of those requiring vocational training and employment, thus living up to the letter of the law. To continue the present State activities while all the hospitals in the State must as usual care for the majority of such cases as indigent poor is a duplicity of effort therefore wasteful to the community and the State.

It has long since been conceded by all interested in this problem that it is only fair and proper that the employer in whose establishment the man or woman meets with an accident is morally, and should be legally, obliged to pay for all the medical and hospital services required in any given case, rather than expect the State, the hospitals and the profession to defray part or all of such expense. The present practice to benefit the employer and carrier is wrong in principle to the people of the State, to the hospitals and the medical profession. While the hospitals are maintained by voluntary contributions and those of respective counties and municipalities for the benefit of the poor, the physician, however, indirectly pays the heaviest toll for the State's rehabilitation compensation scheme. On the one hand as a taxpayer, he contributes his quota towards the State's rehabilitation fund, and unlike any other citizen in the State, his earning power is decreased by the application of the rehabilitation scheme to the Workmen's Compensation Bureau. With all that he is expected to fully co-

operate with such an inadequate and on the face of it unjust scheme, which in the final analysis is detrimental to the majority of the citizens of the State of New Jersey. If this isn't State medicine or a long step in that direction, what is it?

EDITOR'S PERSONAL WORDS.

The Editor has never attempted to use the Journal to advance his own personal interests or even to give his name prominence in its conduct. We may therefore be pardoned for this personal reference to our 16 years' connection with the Journal and our 54 years with the State Society, especially as his object in doing so is to magnify, **not himself**, but the Society of which he has been so long a member and most of which time in official position therein, and therefore is able to estimate the value of its history and influence in our great profession in this country.

Our chief reason for writing this editorial today—March 2, 1922—is because it is the eightieth anniversary of our birthday and mind and memory have been recalling past years. Next to the espousal of and time given the cause of the Great Physician and to our family affairs, we have esteemed our connection with this Society as the most important and most worthy event in our life, and we have tried to discharge its responsibilities in a manner befitting the grand profession in the service of which our Society has borne so conspicuous a part, though we are deeply conscious of the fact that there has been too much of failure on our part in its service..

We cannot recount fully the facts of our Society's history which have made it memorable, but only mention the following: its organization ten years before our national government was formed; its being the mother of State Societies and the founder of County Societies; its wonderful altruistic history; the scores of noble men who gave it prominence and direction during the early years of our connection with it, and caused us to recognize our obligations to it and gave us inspiration for service, and the hundreds of men who in later years have been their worthy successors. We have only time and space this month to say that our Society is eminently worthy of the active support of every progressive and honorable physician in New Jersey.

We have the grandest of professions—not a mere money-making business. The writer would consider himself unworthy of membership in it did he stop to count the cost of service, even if the profession's altruism—as exhibited in Preventive Medicine—cost him considerable of his income. There have been several members of our State Society who during the past two years have not stopped to count the cost in seeking to uphold the honor of our profession. False cults, political legislative vote-traders, and grafters would have but little success if all our members were as devoted and true as they have been. Our Society should have at least 3,000 members who would unite in upholding the profession's standards and protecting our citizens and humanity's welfare.

The great need of humanity in this time of world unrest is—Mental, Physical and Spiritual Health.

Miscellaneous Items

Academy of Medicine of Northern New Jersey

The anniversary meeting will be held at Wallace Hall, Y. M. C. A., 107 Halsey street, Newark, on March 24th, at 8.45 P. M. The Anniversary Discourse will be delivered by Dr. George W. Crile of Cleveland, Ohio. The title will be "An Electro-Chemical Interpretation of Excitation, Exhaustion and Death, with special reference to the Control of Surgical Mortality."

Section on Eye, Ear, Nose and Throat, March 13th, at 8.45 P. M. There will be report of cases and a paper by Dr. John M. Wheeler of New York, on "Recent Developments in Plastic Surgery of the Eye."

Section on Medicine and Pediatrics, March 14th, at 8.45 P. M. Report of cases and two papers: "Pulmonary Hemorrhages; Treatment with Artificial Pneumothorax," by M. James Fine, M.D., and "The Evolution of Bacterial Diseases," by Arturo R. Casilli, M. D.

Section on Surgery and Gynecology and Obstetrics, on March 28th, at 8.45 P. M. Report of cases or Clinical Demonstrations by Drs. R. R. Soule, Hugh Cook, E. J. Ill, J. L. Courrier, A. B. Nash, F. R. Haussling, Edgar Holden, J. L. Fewsmith, C. M. Robbins and W. Minningham.

The Section Meetings will be held at 91 Lincoln Park, Newark.

Public Health Institute.

This Institute will be held in the Central High School Building, Newark, from April 10th to 15th. It will prove of much interest to practicing physicians as well as to public health officials.

Doctors H. H. Hazen of Washington and J. A. Kolmer of Philadelphia, will lecture to the physicians on syphilis. Doctors E. L. Keyes Jr., and C. G. Child or C. C. Norris of

Philadelphia will lecture on gonorrhea to physicians. Many of the other lectures, all of which are given by recognized leaders, will also be of interest to practicing physicians.

The State Department of Health request that physicians who will attend will fill in the registration blanks sent them so that provision may be made for them.

Kentucky Physicians Oppose Shorter Medical Course.—Delegates of the Kentucky State Medical Society, in joint session with the health and sanitary committees of the House and Senate, on January 21, 1922, opposed a legislative measure designed to relieve a shortage of physicians in rural districts by reducing the standard of medical training. The meeting was called at the request of the Governor for the purpose of drafting a bill which would encourage the training of more physicians so as to aid the rural districts of the State.

Your 1922 Dues.—If not paid and you wish your name enrolled in the Official List, send them immediately, so that they are received by Treasurer Mercer before March 15th.

What Ails the Medical Profession?

From the Illinois Medical Journal.

Already the profession is literally hamstrung, knocked off its pedestal and fed by statute and by limitations to the dogs of fanaticism, ignorance and politics running amuck. Science is put to bed with the voodooes and charlatans and prostituted to the worst ends that can be devised by a machine-ridden system of conscienceless destroyers of the American Constitution.

Legislation calculated to place the administration of a doctor's arts of healing in the hands of policemen and the sequential courts; to federalize the doctor, both as an individual and as a fractional part of his profession, to wind him around with red tape until he might be a milkman in so far as his medical chance is concerned, is either placed on the statutes of the land or is being hoisted there with fiendish accuracy.

Exactly why the country's physicians should be made the national "goat" rather than the country's lawyers or civil engineers or architects, would be difficult to explain if it were not that when you touch the efficiency of the medical profession of any land, you have put your finger right on the heart valves of the nation's welfare. Bolshevism was about to win for Germany a few years ago. Bolshevism will make kultur victor yet, unless the ballot keeps its hand off the doctors.

Germany socialized her doctors. Germany was very proud of herself. Germany fed her citizenry this chimera of beneficence, and Germany set back on her haunches and waited. And, Germany hasn't had very long to wait. The poorest, most inefficient, most disgusted, most lethargic, most imposed upon set of medical men in the world, and who as a consequence are giving exactly that sort of attention to her people, are to be found in Germany today. The effect is felt everywhere. Medicine, taking stock of itself, stands appalled at the prospect.

Since efficient proficiency of the healing arts

tends to an ultimate undoing of those arts, physicians and citizenry alike stand face to face with a crisis. The danger is not one threatening the next century, or even the next generation. Right now the peril sits securely on the hearthstone of every home, and the welfare of the nation, ay, even of the world, demands that some multiple-voiced Paul Revere shall ride to every hamlet in the land and sound the warning. For patriotism, economics, and civilization, to say nothing at all of a certain degree of mortality, hinges upon the individual health of the humanity that dwells here on earth.

To be sure, medicine has dealt itself the death blow. Not as a suicide, but as a martyr to the welfare of the world, the profession contemplates its opened veins. And viewing, ponders, "What next?" For only too well surgeons, physicians, hygienists know that a citizenry and its doctors are like a spoiled child and its parents. On occasions and temporarily, boys and girls can run wild and get along excellently without bothering about home and its seemingly exorbitant restrictions and demands. Experience proves the differences between the mirage and the reality—too late youth realizes its folly.

The trend of the times is away from the doctor. The physician has administered himself into a back seat, but down in the front ranks from which the doctors have withdrawn gladly, what demons are seating themselves? Anarchy, sovietism, lay manipulation of the sick and an elevation of ignorance to the seats of the mighty! God forbid that such a substitution shall maintain to the destruction of the health of nations and of civilization itself. Generically speaking, the factors contributing to the peril of those sciences that have reduced illness to a comparative minimum and instilled into the minds of the people a maximum sense of false security are:

- (a) Lessening of morbidity due to hygienic education and practice.
- (b) Diminution of disease due to specific treatments for its specific manifestations.
- (c) Overcrowding of medical profession with its consequent debauching through economic pressure of the poorly qualified or ethically unequipped membership.
- (d) State pre-emption of professional privilege and other economic factors affecting necessary revenue.
- (e) Increasing disposition to paternalism: 1, Federal interference; 2 State interference; 3, county or township interference; 4, municipal interference.
- (f) Increasing tendency to bureaucracy: 1, Installation of portfolio of medical supervision; 2, standardization of profession; 3, destruction of individualism.
- (g) Over-specialization of profession: 1, Increased cost of medical service; 2, abolition of "family doctor."
- (h) Centralization at political headquarters of medical control: 1, Washington, D. C.; 2, various state capitols; 3, county seats, etc.
- (i) Medical legislation fiat in practice of medicine: 1, Harrison law; 2, Volstead act; 3, Smith-Towner bill; 4, Shepard Maternity bill; 5, venereal disease control legislation.
- (j) Unqualified admissions to license to practice: 1, Christian Science; 2, Chiroprac-

tics, osteopaths, etc.; 3, over-trained nurses: Witness desire during war and since of Red Cross to take over "minor surgery," recommended by red-tape business organizations.

(k) Attempted financial segregation: 1, Tendency of moneyed foundations to despotism in professional mandates; 2, tendency to make use of free clinics and sociological measures as a playground for wealthy faddists at expense of poor and diseased citizenry.

(l) False premonitions as to self-preservation, i. e., primitive desire to get without giving—"Something for nothing."

Analyzing these corrosives of the armor plate of the nation—the public health—it is easily discoverable that out of the entire dozen only the first two may be classified as the direct result of medical progress. The remaining ten—the genuinely "bad eggs" of the setting—have been hatched from the apathy of the physician to the commercial possibilities of his skill and the dishonesty of politicians both out of the profession and in it. Of these lasts it must be confessed that their judgment never fails when it comes to diagnosing the whereabouts of Judas-pence!

Esau sold his birthright for a mess of pottage, so the Scripture teaches. Also that the Man of Galilee was betrayed for thirty talents of silver. Historians of the future are going to be put in the position of having to narrate how the health of nations was sold out to masquerading bolshevists for the vain-glory of a few subsidized men and women through the media of corporate foundations backing secretly bureaucracy, paternalism and an erratic, impossible super-state unless the doctors wake up themselves, wake up the people and demand their rights to practice medicine.

Latest Points for Medical Defense.

We take the following from the Boston Medical and Surgical Journal, and emphasize it as a point of immense value for medical defense. It shows just what weight, in court, a united profession has.

At a recent trial of a damage suit against a Boston physician, defended by the Massachusetts Medical Society, the judge made a decision important not only to the defendant but to all surgeons. He heard only the plaintiff's side of the case, which included all the doctors who knew the case, as well as the defendant himself. At this stage of the case the judge said in effect:

All the doctors in this case agree as to facts and opinions. You therefore have no question as to facts to present to the jury. Such differences as there are in opinion are concerning surgical technique, and these matters are not for any lay jury to pass upon. I therefore close the case and direct the jury to bring a verdict for the defendant.

This decision indicates a line of defense against the present epidemic of suits against members of our profession. If the professional experts on both sides, in open, fair discussion of the case before the trial, find they honestly agree on certain facts, those facts at least and the agreement upon them can be brought out clearly at the trial. Such differences of opinion as are discovered, if found to be purely technical, will never reach a jury. A few such court decisions would tend to discourage "conting-

ent" lawyers, would check the blackmailing class of plaintiffs, and would leave to be attacked only those surgeons who may not be giving due skill and ordinary care.—*Iowa State Med. Jour.*

THE CHANGING DOCTOR.

From the North American, Philadelphia.

Recent agitation, among members of the American medical profession, as to the propriety of welcoming Doctor Lorenz, the famed Vienna orthopedic surgeon, or even permitting him to practice his skill in this country—has led one prominent doctor to a rarely frank criticism of his fellows—an outspoken condemnation of the "code of ethics" which many find sympathetic lodgment in the minds of many a layman.

This critic—Health Commissioner Copeland, of New York—freely expressed himself to a group of advertising men and gave it as his opinion that if physicians and surgeons generally made proper use of publicity they could wipe disease off the face of the earth. As soon as the public learned through the newspapers of Doctor Lorenz's arrival, thousands flocked to him to be relieved of the distressing effects of paralysis, said Doctor Copeland. "Doctor Lorenz did not bring with him any greater ability than at least twenty surgeons in this city possess," he continued. "It was because our doctors or our methods do not bring home to the people what can be done that we went to the distinguished foreigner to hear what he could tell us. There is something wrong with the system that makes it impossible for the sick or the crippled person not to know that he can be healed. And the fault is with the medical profession, which has been unwilling to advertise what it can do. The medical profession, through the ages, has chosen to make itself a secret thing. The doctor has been looked upon as a sort of a miracle man. He has hidden his wisdom behind a veil of silence. An air of mystery has surrounded the profession and we have developed a code of ethics. This, I believe, is the most antiquated, moss-covered and germladen institution in the world!"

Doubtless many will agree with Doctor Copeland. Inwardly some of his confreres have felt a good deal the same way and have not hesitated to express themselves—in whispers. Sooner than any one anticipates, however, there may come over the medical profession a change of attitude in this respect. We are prompted to this statement by a current review of facts concerning certain changes which quietly have taken place in the world of doctors during the last decade, and certain others that are needed. And while these have no direct relation to the code of ethics, they do evidence a forward development in the practice of medicine and the field of medical education, and indicate a degree of progressivism which justifies hope for further progress.

In the first place, while all other institutions of learning have increased in numbers during the last fifteen years, during the same period the number of medical schools in this country and Canada decreased from 160 to 85, a falling off of nearly 50 per cent. However astonishing this situation, it need give no cause for alarm. "Most of the schools that have gone

deserved to die," says the latest report of the president of the Carnegie foundation for the advancement of teaching. "Some were frankly commercial, some were hopelessly inadequate, some were honest but misguided. The mortality amongst these schools has been in the main to the glory of God and to the good of the state. It was a cleaning of the Augean stables that had to be done before sound progress could be assured." In other words, after having side-stepped for many years the shouldering of a manifest duty, the physician diagnosed a diseased condition in their own house, and, with the aid of the surgeons, performed a major operation which involved a cutting out of numerous quack factories and amputation of noxious diploma mills. This, in itself, was admirable. But any patient subjected to such an ordeal obviously needs tonicking. Hence the present widespread feeling among those interested in the welfare of the people at large that certain radical reforms in the medical curriculum should be carried out.

"It represents today," says the report above quoted, "the conception of the teaching of a century ago, modified by certain laboratory practices superimposed upon it. What is needed is to abandon the conception entirely and to plan a medical curriculum afresh in the light of present-day knowledge of medical science and of medical education. Teaching institutions are inelastic; to try an educational experiment it is almost necessary to found a new institution. Whatever agency may undertake the task must have the courage to do two things—first, to reduce the load laid upon the student to a point where he may have time to think and to digest in some measure the studies with which he is concerned; and, secondly, to scrap the present rigid curriculum and reconstruct a new course of studies in which anatomy and physiology and chemistry and pathology are not separate and distinct things to be taught at different times, but are parts of one thing to be learned and applied as the exigencies and opportunities of the lecture room, the laboratory and the hospital may provide."

The able critic who thus discusses the case does not hesitate to say that the weakest parts of the present system of medical teaching are—not one or two subordinate subjects, but the very vitals—*anatomy and pathology*. He calls special attention to the fact that while these are elaborately taught, little or no opportunity is offered to observe the application of such knowledge to the practice of medicine and surgery. "The practical remedy for this situation," he says, "is to reduce the amount of theoretical instruction and change the character of the teaching so as to make clear the fundamental facts, at the same time starting clinical instruction with the very beginning of the course. The student should learn his anatomy and pathology through his clinical training—not reverse the process."

We call attention to this situation for a definite but little-known reason. Among the thousands of medical men who answered the call to the colors in 1917 the percentage of those lacking in what might be termed applicative knowledge of medicine was amazingly large. There was no lack of willingness to serve and work, but there was sufficient absence of all-around

ability to deal with the common run of cases to astonish the abler men in the forces. This situation set the leaders thinking. It evidenced inefficiency in the training of doctors—a condition easily enough conquered by the exceptional fifth of the profession, but acting as a severe handicap on the average four-fifths. And in this day of marked scientific advance in medicine and surgery, nothing should be allowed to interfere with the public's full acquisition of such benefits. That the first aim of medical education should be to insure such service is obvious, and the leaders in this profession are a unit in so thinking and are united in an effort to leave no stone unturned in the endeavor. In this connection the following suggestion from the authority previously quoted is worthy of serious consideration:

"Within the next one or two decades there must be worked out a form of association under which the medical school, the hospital, the research laboratory, and the clinic shall all be parts of one thing. Under such an arrangement the cost of medical education, no less than the cost of the hospital, the clinic, and the research laboratory, will be paid for by those who obtain medical diagnosis or medical treatment through such an associated group. Society will not permanently support a system of medical teaching and practice that fails to bring its service within the reach of the great body of the people. Medicine cannot permanently survive by ministering mainly to the very rich and to the very poor, and the money to support such a system must be paid for in large measure by the service that it offers. Sooner or later, medical school graduate and undergraduate, hospital, research laboratory and the diagnostic clinic, must be part of one organization, and the support of the whole system must come in the main from the payments of those who are taught, diagnosed, treated, or nursed by it. This is all possible without trenching upon the field of the practicing physician and surgeon. Indeed, it will depend on his co-operation which the isolated practitioner of medicine sorely needs today. This does not mean that the free service of the hospital and of the clinic will be denied the poor and the unfortunate. The frailties of our common humanity are such that a certain proportion of human beings will be weak and ill and unfortunate, and to these the hand of medical service must be extended at the cost of the strong, reliant, oftentimes more fortunate, majority. But the support of medical education no less than the support of medical service must in the long run rest upon the shoulders of the great body of the people who are served by it, and the sooner we recognize this fact, the better for the future of medical teaching and of medical practice. This means organization, not only of medical institutions—the school, the hospital, the research laboratory, the clinic—but it means organization of the medical profession itself, a subject to which one is inevitably led if he follows to its conclusion the trend of medical education and of medical practice in the light of modern science and of the present-day conditions in our social order."

The requirements of civilization demand that the fruits of scientific advance be brought

within easy reach of the man or woman of limited means who can afford to pay only a modest fee. For many years these advantages have been shared chiefly by two classes—those who can afford to pay whatever is asked and those who cannot pay anything. Between these two extremes lies the large mass of the people, and if for no reason other than numbers, these deserve first consideration. In most instances, however, they receive little. Without regard for any class, but simply as a means of defending the nation against disease and insuring its physical progress, the individual patient must be assured of the best judgment of medical science at a price within his power to pay. In order that this may come to pass, the average medical man must be practically as well as theoretically able, and his individual fitness must be backed by convenient laboratory and hospital facilities. Real progress toward this end has been made within the last decade. Standards of medical education have been lifted and laboratories and hospitals have multiplied at a gratifying rate. The doctor himself is changing—getting broader minded and less mystifying—and this is the best sign of all.

High Cost of Medical Education:

From the New York Herald.

President Lowell of Harvard University in his latest annual report raises a question of much interest to the medical profession and especially to medical students. Along with the cost of everything else the cost of education generally has increased in the last few years. In medical instruction it has reached a level that to many young men may prove prohibitive. President Lowell calls the rise in the expense of medical instruction "prodigious." He adds that it has reached a point where "we must ask ourselves how much can properly be spent on medical education and how much a community can afford to pay for it." In the ordinary course it takes the medical student sixteen years after he leaves the grade schools to prepare himself for the practice of his profession. First he spends four years in the preparatory school or high school, then four years in a college or university, where he must complete with credit studies in physics, chemistry, biology, French or German and history. Thus eight years are gone before he is even ready to enter the medical school. Here he must spend four years more. After graduation he should spend two years as a hospital interne and two years in a special hospital.

This constitutes a highly expensive course of instruction, but it does not fully cover the ground. The great extension of medical knowledge in recent years opens up new subjects with which the medical student must keep abreast. This involves careful and prolonged attendance in laboratories and clinics. In President Lowell's opinion the problem is so serious that he urges careful investigation, and suggests that there be inquiry whether, by improved methods, the equipments of the best medical schools cannot be applied to broader fields of educational service. He would have some plan devised whereby students now attending less highly developed schools might be enabled to benefit by the

equipment of the schools that are provided with the best. This is a subject in which the public as well as the doctors has a direct interest. If conditions are arising, or have arisen, which restrict access to the best there is in medical knowledge the misfortune, as far as the public is concerned, is a double one. It is a misfortune in that it limits the number of fully competent medical practitioners and it is a further misfortune in that it would have a tendency to promote the already sufficiently abundant activities of charlatans.

Hospitals; Sanatoria.

A new hospital, to be known as the Physicians' and Surgeons' Hospital of West Hoboken, has been established at North Hudson.

Salem County Memorial Hospital.

Dr. W. H. James, secretary, gives the following report for the month of January, 1922: Admissions, 47; discharges, 42; births, 6; deaths, 4; operations, 32; accidents, 13; x-rays, 22.

Vineland Hospital.—Leverett Newcomb, an attorney, who promised Vineland a memorial hospital containing sixty rooms, fireproof in construction and costing approximately \$200,000, enlivened the annual meeting last month by signing the contract for the architect to begin work.

Bonnie Burn Sanatorium.

Dr. J. E. Runnells, superintendent, reports that on January 1st there were 253 patients in the Sanatorium, 144 males and 109 females. During the month 34 patients have been admitted, 17 males and 17 females. Fourteen of these admissions went to the Preventorium. Among these admissions there were three readmissions. The admissions are classified as follows: Pretubercular, 15; incipient, 3; moderately advanced, 4; far advanced, 12. The largest number of patients present at any time during the month was 277; smallest number, 253. Present January 27th, 277. This includes 90 children in the Preventorium.

Some Cancer Statistics from a General Hospital.—During the period 1901-6 inclusive there were admitted to the Hospital Tenon, Paris, 1,501 cases of cancer. Of these patients 766 died in the hospital, while 735 left the institution alive. None of the latter was followed up, but it is not believed that a single one survived for any considerable length of time. Of the total, 518 were men and 983 women. In regard to locality 409 cases were cancer of the uterus, 296 of the stomach and 153 of the breast. Cancer of the digestive tube as a whole was much more common in men—364 to 247 in women. Above the diaphragm in the alimentary canal ten men were affected with cancer to one woman; below the diaphragm cancer in men predominated to a considerable extent. The average age of women entering hospital for treatment of cancer of the breast was fifty-four.—*Le Progrès Medical*.

Death.

HEWLINGS.—At Moorestown, N. J., February 9, 1922, Dr. Isaac W. Hewlings of that city, aged 74 years. He graduated from the Jefferson Medical College, Philadelphia, in 1867. He retired from practice a few years ago.

Personal Notes.

Dr. Charles F. Adams, Trenton, has been elected president of the recently organized medical officers of Camp Green. More than 200 officers were in training at the camp; seventy have joined the organization.

Dr. Elmer H. Ames, Jersey City, has recently limited his practice to Anesthesia.

Dr. Widmer E. Doremus, Jersey City, and wife recently returned from a trip to Cuba and Panama.

Dr. Joseph W. Dennin, Roselle, was recently appointed health officer of the city and was instructed to enforce the health regulations as there were 22 cases of contagious diseases in January, the largest number in one month for many years.

Dr. Josiah Meigh, Bernardsville, took a trip last month to California.

Dr. Hugh H. Tyndall, Weehawken, was recently appointed gynecologist at St. Mary's Hospital, Hoboken.

Dr. Stanley R. Woodruff, Bayonne, recently removed his office to 16 Enos place, Summit avenue, Jersey City.

Dr. Thomas A. Clay, Paterson, has been awarded a judgment by the Court of Errors and appeals sustaining his claim of appointment as health officer till December, 1923.

Dr. Joseph M. Rector, Jersey City, has an article in the Medical Record, February 11th, on "Synergistic Analgesia; Its Administration in Operative Gynecology."

Dr. F. Glendon Reed, Rockaway, was recently elected president of the Rockaway Law, Order and Civil League.

Dr. George E. Galloway, Rahway, spent a few days recently in Miami, Fla.

Dr. Harris Day, Ogdensburg, has been appointed sanitary inspector of the borough.

Dr. Henry B. Kessler, Newark, recently gave a lecture on first aid work under the auspices of the State Department of Labor and the Rehabilitation Commission at the department building.

Dr. Henry A. Cotton, Trenton, presented a paper at the December meeting of the New York County Society on the "Neurological Viewpoint of Clinical Symptoms in Focal Infections."

Dr. J. Mitchell Reese, Phillipsburg, has been elected president of the local Anti-Tuberculosis Society.

Dr. C. C. Saulsberry, New Brunswick, is enjoying a six weeks' trip to California.

Dr. Pauline A. Long, New Brunswick, addressed the Mother's Association of the Presbyterian Church on February 15th.

Dr. W. E. Darnall, Atlantic City, in the *A. M. A. Jour.*, Feb. 25, describes his new hysterectomy knife.

Dr. Walter E. Cladek, Rahway, was recently elected a director in the Workmen's Building and Loan Association of that city.

Dr. Austin H. Coleman, Clinton, spent a short vacation in Florida last month.

Dr. William Kline, Phillipsburg, was recently elected vice-president of the local board of education.

Dr. William H. Goldstein, Kearny, read a paper on "Gastric Ulcers" at a meeting of the Practitioners' Club at the Elks' Home recently.

Dr. Harry H. Satchwell, Newark, addressed the Irvington Kiwanis Club recently on the value of a modern hospital to a community, referring to the hospital that is to be established there.

Public Health Items.

West Orange Death Rate.—A death rate of 7.5 for West Orange in 1921, bettering the rate of 8.3 which in 1910 gave the municipality the occasion to describe itself the "Healthiest Town in the United States" was listed in the annual report of Health Officer David E. Buckley, submitted last month to the Board of Health.

New Jersey Death Rate. — That both the death rate and infant mortality are the lowest in the history of the State is a statement made in a bulletin issued by the State Department of Health last month making public the mortality report for December. A continued decrease in the infant mortality rate is shown, the bulletin pointing out that in 1917 this rate was placed at 100, as against seventy-three for 1921.

During December 3,316 deaths were reported to the Bureau of Vital Statistics. There were 461 deaths among children under one year, 169 deaths among children more than one year old and not five, and 1,302 deaths among persons sixty years old and over. Noticeable increases appears in deaths from cancer, pneumonia, diseases of the respiratory system and Bright's disease.

Infant Mortality Under One Year.—Approximately 48 per cent. of all deaths under 1 year of age in the registration area for 1919 occurred during the first month of life—43 per cent. from natal and prenatal causes; 20 per cent. from gastro-intestinal diseases; 15 per cent. from respiratory diseases; 10 per cent. from epidemic diseases; 12 per cent. from all other causes.—M. Knowlton, Pub. Health Report.

French Jaundice in Newark.

With eighty cases of trench jaundice reported as the result of a survey by Health Officer Craster among Newark's 400 physicians, Dr. Craster urged a vigorous warfare to exterminate rats, which are said to be the carriers of the disease.

The cases reported cover the period from January 1. About forty doctors, replying on the post cards sent out by the health official, said they were treating one or more cases. The attention of the Health Department was first called to the danger when an intern at the

City Hospital was stricken. Attempts to isolate the germs of the disease from this victim, by the city pathologists, failed. Later a well known Newark physician reported to be stricken and then came the rumor that there were several cases in the city.

Examination of Parents for Syphilis.

Syphilis may be the cause of miscarriage, stillbirth or of early death from congenital debility, or premature birth. These conditions are so frequently due to syphilis that it is believed advisable to examine the parents for syphilis and test their blood by the Wasserman method in all such cases.—M. Knowlton, Pub. Health Rep.

Public Health Institute.

This Institute will be held in Newark, April 17-22nd. While this Institute is to be held primarily in the interest of Public Health Workers, many of the courses will be given for practicing physicians.

Doctors H. H. Hazen of Washington, J. A. Fordyce of New York, and J. A. Kolmer of Philadelphia, will lecture to the physicians on syphilis. Doctors E. L. Keyes Jr., and C. G. Child or C. C. Norris of Philadelphia will lecture on gonorrhea to physicians. Many of the other lectures, all of which are given by recognized leaders, will also be of interest to practicing physicians. An outline of the subjects to be presented will be given in the April Journal.

The State Department of Health asks that all physicians who will attend any of the courses return the registration blanks which will be sent them.

Comparison of Death Rates for Principal Causes, 1911-1921, and November and December, 1921.

The following statements and tables are taken from the Statistical Bulletin of the Metropolitan Life Insurance Co. for January, 1922:

The death rate for 1921 among nearly 14,000,000 industrial policyholders of the company in the United States and Canada was 853.8 per 100,000, the lowest rate recorded in the history of the company. It is 13.7 per cent. lower than the rate for 1920, namely, 989.4 per 100,000, which was the lowest recorded up to that time. The 1921 death rate is 31.9 per cent. lower than that for 1911. Using absolute figures representing deaths instead of rates, the low mortality record for 1921 means that 18,661 fewer deaths occurred among the policyholders during 1921 than would have occurred had the rate for 1920 prevailed, and 54,942 fewer deaths than would have occurred if the 1911 rate had obtained.

The annual death rate in this selected group, from 1911 to 1920, has varied between 74 and 87 per cent. of the rate in the registration area of the United States.

Marked declines in the mortality from tuberculosis, pneumonia, and influenza were, as in 1920, a large factor in the improvement noted in the total mortality. In a period of 11 years the death rate for tuberculosis has been almost cut in half. There were also declines in mortality from Bright's disease and organic heart disease.

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SCOLIOSIS AS IT CONCERNS THE GENERAL PRACTITIONER.*

Barclay W. Moffat, M.D.,
New York

The general practitioner on diagnosing a case of lateral curvature is confronted by these questions:

1. Is this a case of scoliosis or simply an habitual postural defect?
2. If a true scoliosis, is it secondary to some discoverable cause or is it idiopathic?
3. Is the nature of the curve and the age of the patient such that the condition will tend to progress?
4. What measures must be taken to check or correct the deformity?

The general practitioner is more apt to see the curves in their incipient stage than is the orthopedic surgeon for whom are reserved the more advanced and intractable cases. Thus many of the cases applying to the practitioner present curves which are the result of an habitual faulty posture and which have not yet become a fixed deformity. The vertebrae rotate as the spine deviates. This rotation is made evident by a prominence along the convex side of the curve best seen on looking along the back with the trunk flexed at the waist. This prominence is formed by the backward projection of the transverse processes of one side of the rotated vertebrae. In the dorsal region an angulation of the ribs results from this, causing a still greater prominence. If when the curve is straightened out the rotation disappears, the case is not one of true scoliosis. Needless to say, if the curve is so resistant that neither the deviation nor

the rotation can be overcome, a true scoliosis exists.

Having determined the existence of a scoliosis the presence of causative or predisposing factors must be sought. In about 15% of all cases they will be found. Whitman¹ classifies these cases as follows:

- 1, Those secondary to deformity elsewhere;
- 2, static or compensatory deformity;
- 3, those secondary to diseases of the nervous system;
- 4, those secondary to diseases of the thoracic organs;
- 5, incidental deformity;
- 6, deformity incidental to occupation;
- 7, congenital deformity;
- 8, rhachitic deformity..

The deformity elsewhere may be a fixed adduction of the hip which causes a tilting of the pelvis when the leg is brought into the line of the body. A flexed knee or dropped foot by shortening or lengthening the distance from the pelvis to the ground on one side may bring about the same result. A torticollis often leads to the development of a curve. Compensatory curves are seen inequality of the length of the legs from whatever cause. Such a curve, often seen in the atrophy of the leg following infantile paralysis, seldom becomes a true scoliosis.

By far the most common nervous disease resulting in scoliosis is infantile paralysis involving the muscles of the back. A less common curve is one resulting from sciatic neuralgia. This again rarely becomes fixed.

Of chest diseases empyema by causing collapse of one lung produces the greater number of and the most intractable cases of scoliosis. Incidental deformity is that seen in diseases or injury of the vertebrae such as Pott's disease or fracture. Occupational cases include faulty postures adopted at school. In the opinion of the writer this factor has

*Read before the Chiron Clinical Society of the Oranges on Feb. 10, 1922.

been over-emphasized in the past. Congenital deformity or that resulting from malformation of the vertebrae is confirmed by x-ray. The weakness of rickets accounts for about 5% of the cases of scoliosis.

Whether a curve is likely to progress in any individual case often influences a patient in his decision whether he will undergo treatment. In general, curves are single, double or triple. The single curves are usually confined to one of the anatomical divisions of the spine but may involve the entire spine. Thus we speak of a left lumbar—supposing it to be confined to the lumbar region—or a left total when the entire spine is involved in a single curve to the left. In the first instance a compensatory curve which will be to the opposite side will as a rule develop in the dorsal region giving a right dorsal—left lumbar curve. The compensatory curve will tend to equal in size the primary or first to develop. If the case has reached this stage, it may not at first be evident which curve is primary. But this determination has a bearing on the treatment.

If the curve first appears in the lumbar region the normal lordosis will be lessened which in turn lessens the normal dorsal kyphosis giving a flatter back than normal. If the curve is primary in the dorsal region the reverse takes place and the normal antero-posterior curves are accentuated. The deformity accompanying a dorsal curve consists of an elevated shoulder on the side of the convexity, a drooping shoulder on the concave side and a boss formed by the backward projection and angulation of the ribs. In the lumbar region the deformity consists of an accentuation of the iliac crest on the side of the concavity and a prominence of the hip on the side of the convexity. In any curve there will be a varying degree of lateral displacement of the body.

Speaking then of the idiopathic cases, it may be said that in general a single curve will develop a compensatory curve. A case presenting a dorso-lumbar curve with the lumbar curve primary will progress no farther if the curves are equal. This applies of course only to the idiopathic cases. If the primary curve is dorsal there will be a tendency to progression of the deformity. This has been observed clinically and may be due to the fact that the causative factor at

work in the formation of the curve when operating in the dorsal region tends to unequal development of the muscles of respiration on the two sides by the unequal use of these muscles consequent to the deformity of the chest. A triple curve as a rule does not result in great deformity and the progress ceases when the curves become equal. A total curve is usually the forerunner of a double curve.

The age of the patient at the incidence of the curve is of great importance. The younger patients may be expected to develop greater deformity. On the other hand progress of the curve may be expected to cease when the spine has reached its growth, about eighteen years of age. In the 15 per cent in which a causative or predisposing factor can be found the prognosis will vary with that of the factor.

In regard to treatment, it may be said in general that there has been too widespread a tendency to teach the patient a few "corrective exercises" and dismiss the case regardless of the type, age, etiology or stage of the deformity. Exercises in the belief of the writer have a very limited field and "corrective exercises" practically none at all. In the cases of deviation due to habitual poor posture, poor musculature and general lack of tone, exercise should be prescribed as a general tonic where suitable. Where there is a true scoliosis and both the deformity and the probability of progression warrant any treatment, it should be correction and fixation by plaster jackets. Braces may be employed in hopeless cases with the understanding that they will slow up the progress of the condition. As to the type of jacket there is little choice, inasmuch as all types embody the principles in a dorsal curve of depressing and carrying backward the high shoulder, elevating and carrying forward the depressed shoulder, exerting pressure on the boss in an attempt to lessen its angularity as well as to limit the excursion of this side of the chest, and so force development of the respiratory muscles on the other side by their resultant increased activity, and finally by cutting out a large window or putting in pads later to be removed over the concave side. In a lumbar curve the shoulders are disregarded and the jacket applied with a lift beneath the foot on the con-

vex side. In both cases the jacket is applied in vertical suspension. In younger cases especially the jacket treatment should be alternated with periods of weeks in duration in recumbency on a Whitman hyperextension frame to avoid undue compression of the growing chest. At no time from the start of the treatment, should the patient sit or stand except in a jacket or in the suspension sling during the application of a new jacket. In his own work the writer has forced in felt pads each week on the side of the convexity in order to get the maximum effect of the jacket as soon as possible, allowing the patient to be sponged off between jackets while in recumbency. A jacket should be changed when the chest on the side of the concavity has filled out the space left by the removal of the pad. Jacket treatment should be continued until improvement has ceased. Then if the case at the start of treatment was such that progression was to be expected, the patient should be admitted to a hospital, placed on a hyperextension frame for a period of weeks, the primary curve then fused by operation and convalescence continued for six weeks at least in a posterior plaster shell made on the patient as a model before the operation with the spine in moderate hyperextension.

As to the type of operation, the two procedures in use—that of Hibbs of New York, and of Forbes of Montreal—necessitate a large operative team, a set of special instruments, considerable practice in the technique and a rather long duration of operation. The Hibbs' technique consists briefly of reflecting the periosteum from the spines and laminae as far out as the transverse processes, curettage of the articular facets, gouging out of chips of the laminae which are laid across as bridges between the laminae and breaking down the spinous processes. The technique of Forbes is similar except that he splits the spinous processes and interdigitates them. In an attempt to devise a shorter, simpler operation, available to the general surgeon, requiring no special instruments and but one assistant, as well as to avoid the use of the mallet and gouge on the spine, the writer has adopted a procedure by which the periosteum is reflected from the sides of the spinous processes, the processes broken down and an osteo-

periosteal graft from the tibia laid along their bases. The results of this operation have been encouraging but the material is not yet in shape for publication in detail.

In cases where progression was not to be expected at the start of treatment, the patient should be given massage and exercises in recumbency to restore the tone of the muscles wearing a removable plaster corset in the intervals.

In conclusion, the writer would emphasize the need for discrimination in cases, for constant supervision, and for active treatment where it is indicated.

125 West 58th Street.

I. Whitman, Royal "Orthopedic Surgery" V. Edition, Lea & Febiger, Phila., 1917, p. 159.

THE ACUTE SURGICAL ABDOMEN.*

By Donald Miner, M.D.,
Jersey City, N. J.

The successful management of the acute surgical abdomen requires the medical profession to be alert in diagnosis and prompt in treatment. And though careful deliberation and study of our cases as a habit is to be encouraged, it is not in this condition often possible, as that loss of time may permit a momentum of surgical pathology to be acquired that all our skill and the strength and vitality of the patient may not overcome.

It is sometimes only possible to determine that an acute abdominal catastrophe has occurred and though we may be sure that it is one of two or possibly three things, operative measures may have to be undertaken without an exact diagnosis having been made.

Pain is the important symptom which will influence both diagnosis and the curative measure. Its location and manner of onset, its severity, duration intermittency, radiation and relation to other signs and symptoms must be determined. The sequence of the prominent symptoms is exceedingly important, as tenderness, nausea, vomiting, fever and collapse.

I find that the acute abdomen is rarely virgin pathology. That generally there has been a chronic condition that has given symptoms for a definite

*Read at the February, 1922, Meeting of the Hudson County, N. J., Medical Society.

length of time. Careful history and investigation will often show a chronic gastric or duodenal ulcer, chronic disease of the gall-bladder, or appendix, chronic pancreatitis, torsion of the pedicle of a floating spleen or ovarian cyst, chronic intestinal obstruction, pelvic lesions or hernia of long standing.

The history of one of these in the presence of an acute abdominal catastrophe should be an aid in diagnosis and shorten the period of hesitancy in considering the wisdom of early surgery. The morbidity and mortality are in direct proportion to the length of time that ensues after the onset of the acute pathology.

There are cases of acute abdomen that are not easy to diagnose, as mesenteric thrombosis, acute obstruction due to internal strangulation, infarct of the spleen and the traumatic abdomen. In the latter, every case presenting an abdominal wound should be opened. In trauma, shock alone cannot be the indication. If the abdomen becomes rigid and tender, if rigidity increases and if there is repeated vomiting, exploratory incision is imperative.

Perforations of viscera are generally easy to diagnose, because of the acute intensity of the pain associated with board-like rigidity. The older habit of mind of associating visceral perforation with sure death should no longer exist, as we have learned that it is generally eight hours after perforation before the stage of general or diffuse peritonitis. We must get these cases on the table during the stage of contamination, do as little as possible, yet enough. The dictum being to get in quick and get out quicker.

It is well to remember that in the aged and the fleshy, the lack of muscular rigidity and tenderness are often deceptive. The muscles having lost their tone in the former and the peritoneum having become anesthetic by reason of fat behind it in the latter.

Unquestionably there is a small percentage of spontaneous recoveries following perforation. But the mortality from the expectantly treated is so high that as a line of treatment it is not to be considered.

It is unquestionably the occlusion of the lumen of the appendix that causes its distention and then rupture, and it is worth remembering that it is the

thinness of the submucosa in children that predisposes them to the early rupture that we have all noticed. The essentials in the treatment of the ruptured appendix are a good toilet, gentle handling and drainage.

I feel that my most valuable instrument in such operations is my suction aspirator. With it I have frequently aspirated half a pint or more of pus from the pelvis and more, lateral to the caecum and colon. I do not pass it to other parts of the abdomen even if there is free pus with no attempt at walling off. It is not always wise to try to remove the appendix if it is post caecal, and the illium is distended with a gross diffuse peritonitis, simply aspirate and place the cigarette drain at the head of the caecum and close. I am careful to have one inch of gauze beyond the rubber tissue of my drain. This gauze by its presence causes a reverse lymph flow and walling off which are essential to success.

Perforations of the duodenum are the most common, after the appendix, and because the duodenal content is more or less sterile and small in quantity the outlook is much brighter than in stomach perforations, where the content is as a rule unsterile and apt to be larger in quantity. The tendency for duodenal contents to flow down through Morrison's space in front of the kidney to the iliac fossa rather than into the area of the illium as in anterior stomach perforation also makes duodenal perforation less vicious.

In the event of operation in the early stage of contamination it is possible to do a posterior gastro-enterostomy in duodenal ulcer and gastric ulcer, beside resection of the ulcer in the latter, giving the patient a cure not only of the immediate illness but also of the process that caused it. To my mind there is as much certainty in the cure of duodenal ulcer by posterior gastro-enterostomy as in appendicitis by appendectomy.

Gall-bladder perforations are generally difficult to diagnose as such, because usually the patient will state that he has suffered severe colic in the same region before. Early operation may be less liable to be insisted upon unless the observer appreciates the rigidity out of proportion to stone colic, and of the tenderness to gradually become lower on the right side of the abdomen as the

gall-bladder contents set up peritonitis along the ascending colon and caecum.

The association between infection of the gall-bladder and its ducts and the pancreas is most marked. Pfeiffer first demonstrated the lymphatic drainage of the bile ducts and duodenum toward the head of the pancreas. Deaver drove the fact home for the profession by his studies in living pathology. The infection of the pancreas which results in acute or chronic pancreatitis is by way of the lymphatics and is not duct borne. Three fourths of the sites of pancreatic infection are in that portion of the head not proximal to the duct of Wirsung. The powerful ferment of the pancreas is elaborated as protrypsin which is inactive. It is activated by two agents, infection and "secretin" which is blood borne from the duodenum in the process of digestion. The digestive action of the trypsin activated by infection, on the blood vessels of the pancreas, causes the hemorrhage which gives it its name, acute hemorrhagic pancreatitis. The difficulties of diagnosis are due to its comparative infrequency, the absence of a pathognomonic sign or symptom, its frequent association with other abdominal lesions and finally the ultra acute condition of the patient. This latter, however, makes operation imperative without the formality of a diagnosis. Diagnosis is usually possible only if the patient is seen in the first twenty-four hours. The exceedingly severe epigastric pain, radiating in almost any direction, normal or subnormal temperature, severe collapse and persistent vomiting with a rapid rise in pulse characterize the picture. The board-like rigidity generally is a latter symptom than in perforation of stomach, duodenum or gall-bladder. Hiccough is a fatal sign. The operative indications are for drainage, preferably through the gastro-colic omentum. Diagnosis is assured by the typical beef broth exudate and fat necrosis. Expose freely and drain freely. I believe that mortality rates will in the future, materially lessen as earlier drainage operation is performed for this pathology.

The adoption in recent years of caecostomy or illiostomy to relieve the toxemia of acute intestinal obstruction is a big step in advance, and many lives are saved by it. High illiostomy or jupenostomy with lavage give, in selected

cases, almost spectacular results, granting that strangulation if it exists is properly cared for. The secondary operation is then performed with the patient in suitable condition to withstand it.

The diagnosis of intussusception should be suspected in children with a history of sudden abdominal pain which is persistent for an hour or two usually then becoming intermittent and less intense in severity, associated with prostration and bloody stained stools or mucus. The presence of a tumor makes the diagnosis fairly certain. But it takes such a few minutes to give a bismuth enema and with the fluroscope not only check the accuracy of the presumed diagnosis but also to exactly localize it that a proper incision may be made.

I feel that many cases are lost or saved by the adaptability of the incision to the underlying pathology. Probably the best reason for abandoning the McBurney grid-iron incision was the fact that only an appendectomy could be done through it, nor was it easily enlarged for even an exploration.

The muscle splitting incision one inch to the right of the navel is unquestionably our best abdominal incision in acute cases, it can be made over the appendix and enlarged upward or downward without after-crippling of the patient by unsightly hernia. Yet even this useful incision may make good surgery impossible. In such cases as intussusception of the splenic flexure or torsion of the spleen pedicle I am strongly in favor of closing the original incision and of making a second over the organ involved.

Just a word of caution about depending on the white count for aid in diagnosis. I have seen sad results from waiting until the count rose to warrant exploratory laparotomy. I feel that, like all laboratory data, it is less important than history and clinical signs and symptoms. I have repeatedly found pus with a low count and no pus with a high count.

Experience, sound judgment, a thorough examination and a good history are better aids.

I will discuss treatment axiomatically so as to leave plenty of room for discussion. In the event of there being a question of diagnosis, nothing should be given by mouth and never a purgative. Narcotics are almost as bad, if a diagnosis has not been arrived at. I believe

over half of our ruptured appendices are caused by cathartics and there is room for a great deal of missionary work among the laity regarding purging in the presence of abdominal pain.

The operation having been decided upon and performed, more in my opinion will often depend on the post-operative treatment of the first 36 hours, than on the procedure or technic of the operation. For two years I have been following the same general treatment in diffuse peritonitis with I believe gratifying results. Nothing by mouth until the patient is considered out of danger. The head of the bed is elevated or the patient is slung in Fowler's position. I have entirely abandoned the Murphy drip, using hypodermoclysis in its stead. It can be performed entirely painlessly and it is hardly splinting an inflamed peritoneum to fill the colon with fluid and depend on reverse peristalsis for its absorption. I usually give 1,500 to 2,000 c.c. of water per day. Morphine is used in frequent small doses during the first 24 hours, occasionally longer. Continual heat to the abdomen by means of an electric pad, a rubber apron intervening between the usual wet dressing which is changed frequently. The drain is first disturbed upon the drop in pulse. It is withdrawn about an inch a day until it is out. Lavage is promptly given for vomiting.

Conclusion.

1. Care in history taking and thoroughness in examination together with our laboratory data will prevent our operating on acute medical cases.

2. Early operation where early operation should be performed. This means within the first twelve hours, if we would save a very high percentage of our acute surgical cases. We should not see so many intussusceptions and intestinal obstructions on the second and third days.

In the perforative cases we must operate during the stage of contamination—i. e., during the first 8 to 12 hours if we would save a high percentage of them.

Unlicensed Practitioners Convicted and Fined.—A report from the state board of medical examiners states that Louis Adler of Newark and Guiseppe D'Amico of Jersey City were recently convicted of practicing medicine without licenses and were fined \$200.

THE ACUTE MEDICAL ABDOMEN.*

By **Howard S. Forman, M.D.,**
Jersey City, N. J.

The title of my paper this evening is hardly correct. It is given in distinction to the acute surgical abdomen, concerning which you have just heard in such an able manner. It will be hardly more than calling to your mind some of the acute medical conditions involving the abdomen, grouping them, perhaps, in a way you have never done before. The whole to help in arriving at a correct diagnosis.

There are certain, what we may call predisposing influences, which interfere in making correct abdominal diagnoses; certain things which tend to bias our judgment. In the first place, we know that in the realm of the general practitioner, comparatively few of the abdomens we examine are surgical abdomens, so our mental attitude is inclined toward a medical diagnosis. The idea of an operation is a shock and disturbance to every family. We are anxious to spare our patients this almost tragedy, and we cannot entirely ignore the fact that by declaring the case to be a surgical one it passes from our hands to those of the surgeon, and we have not the satisfaction, let alone the credit of curing our patient.

These preliminary factors should have no bearing on the honest opinion we are attempting to render, but try as we will they are apt to cause some distortion of our final determination.

There are abdomens that are unquestionably surgical, there are abdomens that are unquestionably medical, there are abdomens that are doubtful, there are also those that start as medical and become surgical and those that start as surgical and become medical. However much of our experience or inclination tends toward a medical diagnosis of an acute condition of the abdomen, I believe it should always be considered surgical until proved, to the complete satisfaction of the examiner, that it is medical.

The first truly medical condition that I would consider it not abdominal at all except in the reference of the pain, I refer to those cases of pneumonia with ab-

*Read at the February, 1922, Meeting of the Hudson County, N. J., Medical Society.

dominal pain. This is due to a pleurisy but may have an accompanying localized peritonitis. It is often in children very hard to distinguish from appendicitis as we have the rigid right rectus in both cases. It is of course identified by physical examination of the chest. This brings me to the first point I want to emphasize pain in children, particularly abdominal pain, is a very uncertain symptom. Peiper after an exhaustive study of the subject concludes that abdominal pain often accompanies remote organic disturbances and often occurs without organic lesions anywhere, it is imperative to examine the whole child and not the abdomen alone.

Acute gastritis is a strictly medical condition and there is usually not much difficulty in diagnosis. History, generalized pain, vomiting of mucus or blood being the prominent distinguishing symptoms.

Acute dilatation of the stomach, a medical condition in so far as no surgery can help it, occurs after operation or in the course of some acute disease. It is apt to be confused with intestinal obstruction. Physical examination can often determine the outline of the distended stomach to the left of a line drawn from the ensiform to the juncture of the middle and outer thirds of Poupart's Ligaments. Copious vomiting is here the outstanding symptom. Thorough lavage is the only relief of a desperate condition.

Congenital Hypertrophic Stenosis of the Pylorus. Closely allied to this is acute obstruction produced by paralyzes of the bowels so called Dynamic Ileus. It is a reflex paresis produced by many conditions prominent among them being toxemias such as pneumonia and typhoid, after laparotomy, particularly where large tumors have been removed, sepsis, local or general peritonitis. The predominating symptoms are the absolute constipation and the sudden distention of the whole abdomen followed by vomiting.

Here even more than in acute dilatation of the stomach we are up against an almost hopeless proposition. Lavage of the stomach and intestine with large quantities of magnesium sulphate, large doses of belladonna or pituitrin will rarely be of avail, and if we are not gaining and that very quickly, I believe we should try Elsberg's method of a quick enterostomy under local anaesthesia to relieve the distention.

Here medicine and surgery both claim to be the only treatment. Early operation by a skillful surgeon has shown gratifying results, as also lavage under competent management. I believe one should make up his mind at the first diagnosis as to what shall be his procedure and not attempt lavage, become dissatisfied with the progress made and then operate under such conditions. I think an operation will almost certainly fail.

The digestive tract may become ulcerated in any part of its abdominal descent. These are of various types named from their positions as ulcer of stomach and ulcer of duodenum, or from their character as typhoid and tubercular. Ulcers met with less frequently are those from cutaneous burns, usually in the duodenum, embolic and thrombotic ulcers amyloid, stercoral and toxic ulcers, as well as syphilitic, gonorrhoeal and cancerous types. These are all medical conditions. While many surgeons claim that all ulcers of the stomach and duodenum are best treated surgically, most authorities agree that they belong to the realm of medicine unless attended with severe hemorrhage or perforation and even in hemorrhage operation should be withheld until one is convinced that it is not being controlled.

The salient points of any intestinal ulcer are five:

1. Appearance of pus in the stool;
2. Necrotic pieces of intestinal mucosa;
3. Appearance of blood in the stool;
4. Persistent diarrhoea;
5. Local tenderness over definite areas.

While we are speaking of ulcers we should lay particular stress on ulcers of the stomach and duodenum for they belong to the great triumvirate of the trouble-makers in the abdomen: Ulcers of stomach and duodenum; Cholecystitis and appendicitis.

To these three, more than all others, do we owe not only most of the acute abdominal conditions, medical or surgical, but also most of the difficulties of diagnosis. They have that particular property of usurping each others symptoms, so that what may be characteristic of one will turn out to be the other. This is of less consequence to the surgeon who operates for all of these and not finding one may turn his scalpel to the other, but with the medical man it is different, he may diagnose the one and think himself safe while it is the other

and he has lost valuable time if not his patient.

Ulcers and cholecystitis rarely develop peritonitis early, while we all know how early an appendix may. Cholecystitis is usually not hard to distinguish from appendicitis but occasionally may resemble it very closely. Right-sided pain, right-sided rigidity with vomiting and constipation are the prominent symptoms of all three of these conditions and our diagnosis at times has to depend on the position of the maximum point of tenderness.

Acute gastro-enteritis, enteritis and colitis belong to the medical side and can usually be distinguished from surgical conditions by history, more generalized pain relieved by pressure, diarrhoea and lack of rigidity of the recti; lack of rigidity of these muscles should always make us incline toward the belief that the peritoneum is not involved. This sounds rather simple but in children, and most of these conditions occur in children, it is often very difficult. The rigidity of the recti is the most valuable symptom. Cholera morbus comes under this enteric group.

Acute diverticulitis is a surgical condition. It has been called the left-sided appendix. It usually occurs in people over 35 who are constipated and obese.

Strictly medical conditions are gastric crises of tabes dorsalis and yet at times very difficult to differentiate from peritoneal infection. Severe pain coming on suddenly, with uncontrollable vomiting are the usual prominent symptoms. When such symptoms exist without rise in temperature and pulse, look for lack of pupil reflex and loss of knee jerks. History usually helps us in these conditions. Let me say here in parenthesis, the taking of a good history; one, which will lead to a logical deduction, in other words a diagnosis, necessitates a good working knowledge of all the abdominal viscera in health and disease.

There are many nervous diseases of the abdomen which may simulate almost any of the acute or chronic conditions. Most of these are chronic and if acute a lack of conformity in some important particular to the regular disease will usually give us the proper clue.

Pyelitis calls for no operative relief. While not apt to be confused with conditions involving the peritoneum, it is often overlooked and should never be

forgotten in temperatures which are hard to account for.

I am going to omit all acute pelvic conditions. Most of them are surgical.

Early in this paper I called your attention particularly to pain. In concluding I want to urge a definite technique in making abdominal diagnoses, acknowledging the fact that correct abdominal diagnosis is as much an art as correct chest diagnosis. It is here that the sense of touch must take the place of the ear. The abdomen has many more possibilities of diagnosis than the chest and much more often is the life of the patient dependent immediately on the correctness of our judgment.

PRIMARY SARCOMA OF THE GALL-BLADDER.

By Hyman I. Goldstein, M.D.,
Camden, N. J.

Primary sarcoma of the gall-bladder is extraordinarily rare. The most common tumor is the carcinoma. Of 3,908 operations on the gall-bladder and biliary passages, cancer was found in 85, or 2.1% (Mayo). According to Musser, it is more common in women (3 to 1), and in 75% of the cases, gall-stones are or have been present. The fundus of the gall-bladder is usually attacked first.

Ringel reported (1899) a papilloma of the gall-bladder. Griffon and Segall (1897) reported a case of sarcoma of the gall-bladder and liver. Nevyadonski (1900) reported a case of primary sarcoma of the gall-bladder and diffuse sarcomatous infiltration of the serous coat of the abdominal organs. Sutherland's (1898) case was an adeno-myoma of the gall-bladder. After a review of the literature, I must confess I have only been able to find about sixteen authenticated and accepted cases of primary sarcoma of the gall-bladder. There are, no doubt, a number of scattered cases in the literature, which I have overlooked. Then again, the diagnosis even at operation, may be wrong in some cases of supposed primary carcinoma of the gall-bladder. At times the resemblance between the two is a very close one.

Iwasaki (1914) was only able to find eight authentic cases, and reported one of his own. and Smith (1915) reported a case of primary sarcoma of the gall-bladder in a woman, aged 38 years, at the

St. Louis Mullanphy Hospital (5/14/1915) No tumor was felt. X-Ray examination was negative. No other tumor tissue was present, except that in the gall-bladder. The liver was somewhat enlarged, but normal. Calculi were present. Cholecystectomy was done, and part of the liver invaded with tumor tissue was removed. Patient died 4 days after operation. A large irregular tumor 8.5x4x3 cm. was found occupying the central part of the gall-bladder. It was a round-cell sarcoma. Iwasaki's case showed a sarcoma of polymorphous character, 10 cm. x 4.5 cm.; and was composed of long spindle-cells, large, round cells, small, round cells and many giant cells.

Bayer (1909) reported two cases. One case was a spindle-cell sarcoma with multinucleated giant cells; the other case was composed chiefly of spindle cells, although in some places round cells were also present. Landsteiner (1907) reported 2 cases of myosarcoma of the gall-bladder. The predominant cells in both tumors were of the spindle-cell type. In one of his cases there was also an epithelioma in the gall-bladder wall in addition to the myosarcoma. One of the sarcomas reported by Landsteiner was 19x4x8 cm. and in one of his cases there were hyaline connective tissue changes which went on to calcification. A similar cartilage and bone formation was present in one of the (second) cases reported by Bayer.

Hote's and Parlawecchio's cases were spindle-cell sarcomas of the gall-bladder. Carson and Smith report their own case and mention Iwasaki's cases, two cases reported by Landsteiner, one by Hotes, two by Bayer, and Parlawecchio's case. In all cases collected by Iwasaki, gall-stones were found except in one. Metastatic growths were present in nearly all the cases reported. In Landsteiner's case the secondary nodules were as large as 10 cm. in diameter, and the duodenum was involved. In Hotes's case the appendix, spleen, pelvic and mesenteric glands, the diaphragm and the duodenum were involved.

Cathcart (1911) before the Southern Surgical and Gynecological Society reported a case of primary sarcoma of the gall-bladder in a man, aged 45 years, fairly developed, but had a slight cachectic or septic look. Operation revealed the case to be one of primary sarcoma of the gall bladder. Its surgical interest

is only that the patient is alive and in good health, doubtless due to operation at an early stage. James Magoun, of the Mayo Clinic in his paper on "Malignant Tumors of the Gall-Bladder" (Ann. Surg. Dec. 1921) mentions a case of lymphosarcoma of the gall-bladder in his series.

I was only able to find seventeen cases of authentic and accepted **primary sarcoma** of the gall-bladder, in the entire available literature of the World. I may, of course, have overlooked several scattered cases, distributed somewhere in journals or hospital reports or proceedings of societies—but, I do not believe, that there are over 20 or 25 cases recorded in the entire literature, and are as rare as primary **sarcoma. of the pancreas**, of which I have been able to find about twenty (20) cases in the literature, including Lockwood's case and not including Gilbride's (Philadelphia) case of probable primary endothelioma of the pancreas in a woman, aged 45 years (not yet reported).

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DR. ABRAHAM LINCOLN.

By Dr. Louis D. Carman,

Washington, D. C.

The February, 1922, number of the *Journal of the Medical Society of New Jersey* contained an interesting article by Dr. Edward W. Markens of Newark, entitled "Lincoln and His Relations to Doctors," but it is not generally known that Lincoln himself was entitled to be called Dr. Lincoln, having received the honorary degree of LLD. from the College of New Jersey, now Princeton, in 1864. "Abrahamus Lincoln, in Cong. Rerumpub. Foed. Repr. et rerumpub. Foed. Praeses. LLD."

In the present article, discarding all apocryphal stories, it is the purpose to set forth what little medical knowledge the great President had, as revealed by his own writings.

Nervous Diseases.—It is well known that Lincoln in his early manhood, after the death of Ann Rutledge, had an attack of acute melancholia. In a letter to Joshua F. Speed, Jan., 1842, Lincoln speaks of "nervous temperament," "defective nerves" and "nervous debility." He tells Speed, Feb. 3, 1842, "I have been quite clear of the 'hypo' since you left," and to Miss Mary Owens, May 7, 1837, he writes "That gives me the 'hypo' whenever I think of it."

In some verses written on a school-mate who became insane, Lincoln writes of one whose mournful song seemed the funeral dirge of reason dead and gone:

"Now fare thee well;
More thou the cause
Than subject now of woe.
All mental pangs by times kind laws
Hast lost the power to know.
Oh death! thou awe inspiring prince
That keeps the world in fear,
Why dost thou tear more blest ones
hence
And keep him lingering here?"

In his letter to Seward, Jan. 12, 1861, he says "I shall have to defer them (his cabinet appointments) as long as possible to avoid being teased into insanity, to make changes." Letter to Reverdy Johnson, July 26, 1862. "The appeal of

professed friends has paralyzed me more in this struggle than any other one thing."

Letter to Cuthbert Bullitt, July 28, 1862: "The paralysis, the dead palsy, of the government in this whole struggle." In the same letter he asked whether the war should in future be prosecuted "with elder stalk squirts charged with rose water." In an address of Aug. 14, 1862, he referred to those "whose intellects are clouded by slavery."

Veterinary Medicine.—Telegram to McClellan, Oct. 24, 1862: "I have just read your telegram about sore-tongued and fatigued horses. Will you pardon me for asking what the horses of your army have done since the battle of Antietam that fatigues anything?"

Dentistry.—Letter to Miss Mary Speed, Sept. 27, 1841: "Do you remember my going into the city, while I was in Kentucky, to have a tooth extracted, and making a failure of it? Well, that same old tooth got to paining me so much that about a week since I had it torn out, bringing with it a bit of the jawbone, the consequence of which is that my mouth is now so sore that I can neither talk or eat."

Forensic Medicine.—Letter to Joshua F. Speed, June 19, 1841: "Near this drag-tail Dr. Merryman found two hairs, which after a long scientific examination, he pronounced to be triangular human hairs, which term, he says, includes within it the whiskers, the hair growing under the arms and on other parts of the body; and he judged that these two were of the whiskers, because the ends were cut, showing that they had flourished in the neighborhood of the razor's operations."

Dermatology.—Letter to Mrs. O. H. Browning, April 1, 1838: "Her skin was too full of fat to permit its contracting into wrinkles." Speech at Peoria, Oct. 16, 1854: "You can as easily argue the color out of the negro's skin." Speech at Springfield, Dec., 1839: "They are most distressingly affected in their heels with a species of 'running itch.'"

Speech at serenade of Jan. 31, 1865: "This amendment is a king's cure for all evils."

Anatomy.—It is not certain that Lincoln ever used the word anatomy and his only reference to anything which could be construed as coming under this heading, is a statement concerning "the

greedy gullet of the penitentiary," in the Lost Township letter of Aug. 27, 1842. His readers would not have known what an oesophagus was.

Surgery.—Letter to A. G. Hodges, April 4, 1864. "Often a limb must be amputated to save a life; but a life is never wisely given to save a limb." Address Jan. 27, 1837: "In the limbs mangled, in the scars of wounds received."

Joint Debate at Alton, Oct. 15, 1858: "You may have a wen or cancer upon your person, and not be able to cut it out lest you bleed to death; but surely it is no way to cure it, to engraft it and spread it over your whole body." This is substantially a repetition of what appears in Peoria speech of Oct. 16, 1854: "As an afflicted man hides away a wen or cancer which he dares not cut out at once, lest he bleed to death."

General Medicine.—Speech of Jan. 12, 1848: "Like the half insane mumbling of a fever dream." Speech of July 27, 1848: "I never fainted from the loss of blood." Letter to Herndon, Feb. 2, 1848: "Alex. H. Stephens," * * * "a little, slim, pale-faced consumptive man."

Temperance address, Feb. 22, 1842: "Physicians prescribed it in this, that and the other disease." "The victims of it are to be pitied and compassionated, just as the heirs of consumption and other hereditary diseases." "More disease healed." "All poisons subdued." Letter to Johnston, Aug. 31, 1851: "We have had no cholera here for about two weeks."

Address, Jan. 27, 1837: "If they were annually swept from the stage of existence by the plague or smallpox, honest men would perhaps be much profited by the operation." Letter to Erastus Corning and others, June 12, 1863: "Than I can be persuaded that a particular drug is not good medicine for a sick man because it can be shown to not be good food for a well one."

Obstetrics.—Letter to John D. Johnston, Jan. 12, 1851, in which he speaks of his own wife's illness as "a case of baby sickness and I suppose it is not dangerous."

Therapeutics.—Speech at New Haven, March 6, 1860: "They have constantly brought forward small cures for great sores, plasters too small to cover the wound."

Joint debate at Galesburg, Oct. 7, 1858: "His pill of sectionalism, which he

has been thrusting down the throats of Republicans for years past, will be crowded down his own throat."

Pharmacy.—Speech at New Haven, March 6, 1860: "The plausible sugar coated name of which is 'popular sovereignty.'" At this period sugar-coated pills were comparatively new and the term sugar coated is again used by Lincoln in his Message to Congress, July 4, 1861: "With rebellion thus sugar coated they have been drugging the public mind of their section for more than thirty years."

Hygiene.—New Haven speech, March 6, 1860: "The whole atmosphere must be disinfected of all taint of opposition to slavery."

Toxicology.—Letter to John J. Crittenden, Dec. 22, 1859: "Where most men are salivated by excessive use of the Charleston Mercury."

Homeopathy.—Address to Legislature of Indiana, Feb. 12, 1861: "If sick the little pills of the homeopathist would be much too large for it to swallow."

Joint debate at Quincy, Oct. 13, 1858: "As thin as the homeopathic soup that was made by boiling the shadow of a pigeon that had starved to death."

These extracts, some wise, some witty and some neither, perhaps properly conclude with those showing that Dr. Abraham Lincoln was not a homeopath. The ills of his country required heroic treatment and he did not hesitate to apply it.

CHRISTIAN SCIENCE.

By **Wilson G. Bailey, M.D.,**

Camden, N. J.

In a recent issue of the Camden Daily Courier, Mr. Samuel J. MacDonald, of the Christian Science Committee on Publication for the State of New Jersey, disavows the first edition of Mrs. Eddy's book, "Science and Health," in which she declared that if one had sufficient faith the amputated arm would grow out again. Mr. MacDonald asks me to confine myself to the last edition of the book. This raises the question, was Mrs. Eddy's first thought of divine origin? If so, why did she change in subsequent editions of the book? Why did she not stand firm in all the editions for what she declared in the first edition to be divine truth?

In eliminating the amputated arm

from the subsequent editions, Mrs. Eddy admitted that she was powerless over certain sorts of organic troubles. Now, if Christian Science cannot restore an amputated arm, what reason have we to believe that it can restore a lung wasted by tuberculosis? Or cure cancer? Or valvular disease of the heart? Or Bright's disease or diabetes? Must we conclude that by revising her book Mrs. Eddy gave up her claim to a divine revelation and adapted herself to public credulity, and not beyond it, that is not "over its head"? She did not show, at the outset of her career, as much horse sense and honesty as Mohammed who, when the mountain would not come to him, went to the mountain.

I will give Mr. MacDonald, or any institution he may name, \$2,500 if he will cure, by Christian Science alone, an organic case first diagnosed as such by medical experts. Mr. MacDonald refers me to the Christian Science churches near me for proofs of such cures, but that is putting the burden of proof on me. I have never been able to find such a case in Camden, and I have been here for thirty years.

Mr. MacDonald says I do not know the difference between Infinite Mind and mortal mind. Let me repeat: Mind is function. Thought reason and will are attributes of the mind. Thought can and does create things without reason, which is that faculty of the mind that deduces inferences from facts. Will, the dynamic force of the mind, executes the inference, or opinion, arrived at with or without reason. Thus, the organic ailments claimed to be cured by Christian Science did not exist except in thought and were cured in the same way, this is by way of auto-suggestion or auto-hypnotism.

Mr. MacDonald tells me to study the books on Christian Science. I have done so, and I agree to duplicate, by means of auto-suggestion, many of the cures ascribed by Mr. MacDonald to Christian Science.

My challenge as to cures of organic ailments is unanswered, and it is up to Mr. MacDonald, and not me, to produce the evidence. He claims but does not prove. He asks me to prove this case for him. Ridiculous!

Dr. W. J. Harman's paper on Potter Version will appear next month.

County Medical Societies' Reports

ATLANTIC COUNTY.

Clara K. Bartlett, M.D., Reporter.

The regular meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, March 10th, at 8.30 P. M.

Dr. Charles G. Heyd, Professor Surgery, New York Post-Graduate School, read a paper on "Some Surgical Affections of Upper Right Quadrant of the Abdomen."

The path of infection of the gall-bladder seems to be by way of the blood stream. If the bacilli possess a certain degree of virulence, they cause enough change in the bile to produce gall-stones, the basic element of which is cholesterol. Gall-stones are 4 or 5 times more frequent in women than in men, most of the women have borne children. The walls of the gall-bladder are the thickness of toilet paper; any increase in thickness bespeaks infection.

Peptic ulcer of the gastro-duodenal tube. There is no difference between ulcer of stomach and of duodenum. Symptoms depend upon the location: 70 per cent located so as to interfere with the emptying of the stomach. Blood is absent in 75 per cent of cases. Pain occurring at certain times and with unvarying periodicity, is characteristic. Loss of periodicity makes one suspect malignancy. Ulcers located in the silent area are characterized by early habit of vomiting undigested food, blood-streaked; there is motor insufficiency. In duodenal ulcer, there is alleviation of symptoms upon ingestion of food; these patients form the bicarbonate of soda habit.

Chronic appendicitis is an infection which produces epigastric distress. The symptoms are intermittent. There is increased acidity; there are long intervals free from symptoms. Each attack is more severe than the preceding one.

Cancer. There are three groups. 1. Man is well. An abrupt change; after three or four weeks he has lost weight and is anemic; he has a distaste for food. 30 per cent. 2. Patient of chronic gastric ulcer. History of 8 to 10 years; he has an attack from which he does not recover. 3. Gastric trouble from which he nearly recovers, but not quite. After 12 months or so, he dies from malignancy.

Ten per cent of locomotor ataxia cases are operated upon.

The first symptoms of gall-bladder disease are symptoms in the stomach. A calculus in the common duct causes colic and jaundice. Jaundice from malignancy progresses without cessation. In presence of jaundice, a palpable gall-bladder speaks for malignancy; non-palpable for calculus.

Dr. George Stewart Willis, New York City, read a paper on "Radium in Carcinoma of the Breast—Necessary Treatment Pre-operative."

Early surgical-removal statistics show an increase in deaths of 11 per cent. End results are unsatisfactory. In more than 60 per cent the axillary nodes are palpable. Statistics show that 35 per cent are alive at end of 3 years; 25 per cent at end of 5 years.

The causes for surgical failure are:

1. Impossibility of removing all wide dis-

tributions of lymphatics; 2. poor technique; 3. manipulation of parts may be sufficient to induce metastases; 4. previous to operation, may have had many examinations.

Radium has given results which justify its use as a routine measure pre-operatively. It produces: 1. Hyperemia; 2. swelling of cells; 3. degenerative changes; 4. formation of stroma.

Radium toxemia is a guide to doses. The hemoglobin count is taken daily; the destruction of tissue is continued over a month. The dose is decided upon after the blood count and the urinary examination. The needles are inserted in the growth in stellar form and remain from 8 to 24 hours. In the third week, the tumor mass is soft and in the fourth week, the breast assumes a normal appearance. Surgical treatment is not advisable until this stage is reached.

A number of cases was then cited.

HUDSON COUNTY.

Wm. Freile, M.D., F.A.C.S., Reporter.

The regular meeting of the Hudson County Medical Society was held March 7th, 1922, at the Carteret Club, Jersey City, and was called to order at 9 P. M., Dr. S. A. Cosgrove in the chair.

Report of Committees:

1. Legislative: Dr. F. J. Quigley reported Workmen's Compensation Act Amendment will probably be passed and become law by Governor's signature.

2. Veneral Bills will probably not be passed this year but have caused much discussion and have been educational even if not to become laws.

Bill making Director of Rehabilitation Commission a physician probably will not get out of committee.

3. Membership: no report.

4. Public Health: no report.

5. Bills and communications: Bills to Grulich & Madden for flowers, \$5 and \$10; ordered paid. Bill for printing, W. Hatter, \$21.25, ordered paid. Secretary, for postage, \$13.00, ordered paid.

6. New members: Endorsed by two members, passed by censors, regularly elected: Dr. B. E. Goldberg, Kearny; Dr. G. L. Higgins, Jersey City; Dr. Thos. S. Brady, Bayonne.

7. Dr. Brinkerhoff regularly moved that telegrams be sent to leaders of both parties for Governor protesting against ousting of County T. B. Boards. This was seconded and carried.

Papers of evening: "The Schick Test and Diphtheria Immunization; Its Technic and Clinical Aspects," by Dr. Immanuel Pyle of Jersey City, and "Its Public Health Application," by Dr. Joseph Schapiro of Union Hill.

Dr. Zingher of the New York Board of Health spoke at some length on these subjects, and after full discussion by many of the members several of them were "schicked." The meeting adjourned at 11 P. M.

Through inadvertence an error occurred in our report of last month, due to a somewhat similarity of names. The work done on the Schick Test which had its introduction in the schools was instigated and carried out by Dr. Joseph Schapiro of Union Hill, and not by Dr. Shapiro of West Hoboken, as stated in the article.

MERCER COUNTY.

A. Dunbar Hutchinson, M.D., Secretary.

The Mercer County Society held a regular meeting on March 8th, with Dr. Olmstead, the president, presiding.

Following a reading of the minutes, which were approved, the speaker of the evening was introduced.

Dr. Wm. J. Harman of Trenton read a paper entitled "Indications and Contra-indications for Potter Version." He described the method as practiced by Dr. Potter, in detail, placing particular emphasis upon the manner of dilating the vaginal vault, and upon the fact that no version should be performed without complete dilation of the cervix. Great attention is directed to the manner of delivering the anterior shoulder, followed by rotation of the body, and thus bringing the posterior shoulder under the symphysis in an anterior position, and delivering in the same manner.

The indications for version are as follows: (1) L. O. P.; (2) R. O. P.; (3) transverse; (4) arm; (5) placenta praevia; (6) dead foetus, where slowness of delivery will give less or no lacerations than forceps. The contra-indications are as follows: (1) normal delivery. (2) Undilated cervix. (3) Contracted pelvis. (4) Funnel shaped pelvis. (5) Over-sized child.

The paper was fully appreciated, and developed much detailed discussion, with many varied opinions.

Dr. Hawke in opening the discussion, placed great emphasis upon the fact that version is usually tried in complicated cases, and in many instances in cases under direction of inexperienced hands. That anaesthesia is a serious handicap and that antiseptics is almost impossible, and that often serious lacerations occur was maintained by Dr. Hawke.

Dr. Atkinson in opening the discussion was firmly of the opinion that Potter version was a great advance, and that the perfection of this method in the hands of obstetricians would prove of great benefit. He dwelt in detail upon the importance of a complete and accurate measurement of the pelvis per combined vaginal and rectal palpation. He also declared that version should not be attempted with a short cord, that laceration was lessened more than in spontaneous delivery, and that men should be trained in the application of version, as in the performance of any abdominal operation.

The discussion of the subject was indulged in by many of the members present, and brought out the fact that this method of delivery should only be practiced by those competent and thoroughly experienced in pelvic measuring and birth canal antiseptics.

I have received the *Prod to the Treasurers* sent by the State Society President and while Mercer does not need it, I believe the message can be applied to each and all of us, as medical men seem to be "easy marks" for unfair legislation.

MIDDLESEX COUNTY.

J. L. Fagan, M.D., Reporter.

The regular monthly meeting of the Middlesex County Medical Society was held at the Middlesex General Hospital, New Brunswick, March 15th, 1922. Doctors Rudolph W.

Nemser, Jamesburg; J. Morgan Dix, Metuchen, and Henry Haywood were accepted as members of the society.

The scientific paper of the meeting was read by Dr. Henry A. Cotton of the New Jersey State Hospital, Trenton, entitled "Focal Infection and Its Relation to Mental Disorders." Dr. Cotton illustrated his paper with a series of lantern slides and statistical charts which were exceedingly interesting and instructive.

An invitation was extended by Dr. Cotton to the society to hold its next meeting at the State Hospital at Trenton. The invitation was unanimously accepted, the society voting to meet there on Thursday, April 20th, and a vote of thanks was tendered to Dr. Cotton.

MORRIS COUNTY.

Marcus A. Curry, M.D., Reporter.

The March quarterly meeting of the Morris County Medical Society was held at the Mansion House in Dover on Wednesday evening, March 15th. The meeting was opened at eighty-thirty by Dr. M. A. Curry, as president pro tem, in the temporary absence of President Costello and the confinement by illness at home of Vice-President Lathrope. President Costello presided during the latter part of the meeting. There was a good attendance of members and the holding incidents of the evening may be said to have made the meeting epochal.

The illuminating feature of the evening was the presence of Dr. Charles Gordon Heyd, Professor of Surgery at the Post-Graduate Hospital, New York, whose topic was "Physiology of the Upper Gastro-Intestinal Tract and Its Relation to Surgical Procedures, including Diagnoses of Stomach, Gall Bladder, Appendix and Large Intestinal Conditions." Dr. Heyd elucidated the symptomatology of the different conditions with much and unusual clarity and vividly illustrated the points of his masterful paper by lantern slides in a travelogue from the stomach down through the appendix.

Prefacing his paper and throughout his discourse Dr. Heyd stressed the point that in the past few years there has been a very great tendency to throw aside clinical thinking and to rely upon the x-ray man and the laboratory for the diagnosis; that too little attention and thought have been spent on the story of the patient's illness; that it is time we harkened back to clinical thinking before resorting to the x-ray and laboratory; and that the physicians' intelligence should not be made subservient to mechanical processes which makes for retrogression in our profession.

In the discussion questions were asked by Drs. Rubin, McMahon and Curry and were answered with much enlightenment by Dr. Heyd. The members were held in close attention by the gripping interest of the address and in deserved manifestation of appreciation Dr. Heyd was given a spontaneous rising vote of recognition and thanks.

A communication from Dr. Henry B. Costill was read in which was urged the prompt collection and remittance of dues to the State Society in furtherance of the work of the State Welfare Committee.

The society was called upon to accept, with

profound regret, the resignation of Treasurer George B. Landers, made necessary by his acceptance of an inviting appointment in New York State. Dr. Landers formerly was superintendent of Morristown Memorial Hospital. Dr. F. G. Reed of Rockaway was elected unanimously to fill the office of treasurer.

Two new members were cordially welcomed to the society: Dr. Frederick W. Allen, director of the Physiatrie Institute at Convent Station, and Dr. Raymond H. Mathews of Morristown.

A new constitution and by-laws were given a final reading by Secretary Kice and were approved and adopted by the society, with an addenda, containing data and names from the old by-laws, of historic value.

The crowded incidents of the evening, which terminated with a much relished supper, beguiled the social session across the line of another day.

The June meeting will be held at the Shongum Sanitarium by the courtesy of the management of that institution.

PASSAIC COUNTY.

Leon E. De Yoe, M.D., Secretary.

The March meeting of the Passaic County Medical Society was held at Odd Fellows' Hall, on Thursday the 9th, at 8.45 P. M., President Marsh in the chair. There were forty-seven members present.

Dr. Spickers presented three interesting kidney specimens; one a polycystic kidney, the second a hypernephroma, and the third a sarcoma. The case histories were read in each instance.

The subject, "When to Operate in Appendicitis," was discussed by Drs. Hagen, McCoy, Machlin, Spickers, Murn and Maclay. Dr. Hagen stated he had never seen a death from appendicitis in a case which had been operated early. He stated that when the diagnosis was arrived at by the medical man, he believed the case became purely a surgical problem.

Dr. McCoy spoke of the minute pathology of early appendicitis, mentioning especially thrombosis of small arteries in the meso-appendix with resulting appendiceal gangrene, and early perforation. It is this type of case in which the clinical symptoms are atypical. There may be little or no rigidity and but little pain. The blood count may also be most misleading. Still, if not operated early the outlook is very grave. In this speaker's experience, in order to get the best results, the appendix should be removed as soon as the diagnosis is made. Dr. Machlin referred to the statistics of Osler on this subject, and pointed out that many cases of appendicitis recover without surgical interference. He felt, however, that the symptoms are such a poor indication as to the severity of the pathology that it is always unsafe to leave a case unoperated, and that the earlier the operation the better.

Dr. Spickers spoke of the four stages into which the clinical course of appendicitis has been divided by Murphy. Within the first 48 hours he said there should be no mortality following operation. In the second and third stages operation became a more dangerous proceeding, but offered less hazard to the pa-

tient than delay. Only in the 4th stage where the patient was definitely recovering, was not toxic or distended, was it safe to postpone operative procedure. Dr. Murn stated that in his experience operation became imperative as soon as the diagnosis was made, and therefore the subject resolved itself into a question of differential diagnosis. He mentioned the various diseases with which appendicitis may be confused, and stated that it was more justifiable to operate and find an error in diagnosis than to wait indefinitely without exploring.

Dr. Maclay said that appendicitis was only a serious disease when cathartics had been indiscriminately used. He stated that **we do know** what is going on in the appendix and that operation should never be performed in the acute stage. He spoke of the importance of observing the general condition of the patient and of the profound systemic infection which takes place after 48 hours. He uses the blood count as an indicator, telling him when **not** to operate. He waits until the general condition of the patient improves, the blood count falls and he thinks the patient will stand operation. He urged the profession to avoid catharsis in all cases of abdominal pain.

The question of when to operate in mastoiditis was discussed by Drs. Demarest, Tuers and Vreeland. Dr. Demarest advised operation as soon as one is satisfied of the presence of pus in the mastoid cells. This condition is indicated by the location of the perforation by sagging of the posterior superior canal wall, edema of tissues over the mastoid, and mastoid tenderness.

Dr. Tuers believed that persistent pain in the ear which was not relieved by incising the drum indicated mastoid disease. He quoted Dr. Whiting as saying, "If the second opening of the drum does not relieve the pain, a mastoid operation is indicated." He also mentioned the view held by Dr. Eagleton that a profuse discharge from the ear of over three weeks' duration indicated mastoiditis. Dr. Vreeland emphasized the fact that all signs may fail. He believed the most important sign to be a sagging of the posterior superior canal wall **close to the drum**. The next sign of importance is tenderness on deep pressure exerted away from the canal over the antrum or tip. Other important signs are profuse discharge from ear lasting two or three weeks, pain persisting especially after discharge had ceased, a rise of temperature in the presence of free drainage, or an increased blood count. Any symptoms of labyrinthian disease or symptoms of cerebellum involvement were indications to operate.

A lively discussion of these two subjects in which many members took part followed.

The committee on revision of the constitution and by-laws reported the work finished and two amendments were offered.

There were two errors in the list of officers elected at the December meeting of the Monmouth County Society. The president's name is Warner, not Warren, and the vice-president's Charles M., not Clarence Tripp.

HAVE YOU PAID YOUR DUES YET?

Local Medical Societies' Reports

St. Mary's Hospital Staff Meeting.

The visiting staff of St. Mary's Hospital, Hoboken, held a dinner on Saturday, February 25th, at Meyer's Hotel, Hoboken. There were present about 75 doctors, members of the staff and invited guests.

After the gathering had enjoyed an exceptionally good meal, the toastmaster, Dr. Charles E. Kelley of Jersey City, introduced as the first speaker, Dr. Joseph Londrigan, who is the president of the staff. Dr. Londrigan spoke upon his ideals in regard to making St. Mary's Hospital, one of the best in the State, and his talk was enthusiastically received by all present.

Dr. Kelley then introduced Dr. B. S. Pollok, director of the Tuberculosis Sanatorium, at Laurel Hill. Dr. Pollak spoke on the new work undertaken at St. Mary's Hospital, in the treatment of tuberculous disease. Dr. Pollock gave a very entertaining address.

The third speaker of the evening was Dr. John J. Mooney of Jersey City, who stated that he had had such an exceptionally good time, that he hoped the dinner, instead of being an annual affair, would be made a monthly affair.

The main address of the evening was made by Dr. Wells Eagleton of Newark. Dr. Eagleton is chairman of the Welfare Committee of the State Society and gave a very interesting and concise talk upon the activities of his committee, in its legislative work.

Dr. Von Deesten read a humorous poem upon the "The Doctor" and started the ball rolling towards a general social session.

Clinical Society of North Hudson Hospital.

The regular monthly meeting of the Clinical Society of North Hudson Hospital was held Tuesday evening, February 21, 1922, with Dr. Sweeney in the chair.

A resolution was passed appointing a committee to confer with the Executive Committee of the hospital, to devise a way by which an increased attendance at these meetings might be brought about. It is desired that at least 60 per cent of the members of the society be present and 100 per cent of the men on service for the month.

A case of *Tabes* of obscure origin was presented by Dr. Sweeney. Dr. Sweeney also presented a case of Tremor and an Abdominal case. The doctor's cases brought out a very lively, general discussion on the part of the members present.

North Hudson Physicians' Club.

A regular meeting of the North Hudson Physicians' Club was held on January 30, 1922. It was called to order by President Dr. Louis Lange. After reports of committees and other routine business the question of Hudson County Certification of milk was discussed and a committee was appointed to take the matter up with the County Medical Society.

Dr. Londrigan of Hoboken, president of the Medical Board of St. Mary's Hospital, spoke on the progressiveness of the North Hudson Physicians' Club and beneficent influence on

the medical profession in other communities.

Dr. Joseph Schapiro of Union brought up the matter of the application of the Schick Test and Toxin-Antitoxin immunization in the schools of Union Hill. This movement was approved by the Union Hill Board of Education, but Dr. Schapiro merely wished to have the professional support of the club if it met with their approval. After discussion the club voted its full support of Dr. Schapiro's work.

Practitioners' Club of West Hudson.

The regular meeting of the Practitioners' Club of West Hudson was held at the Elks' Home, Kearny avenue, Arlington, on January 30, 1922; thirteen members being present.

Dr. W. E. Doremus of Newark, gave an interesting and instructive paper on "Some Unusual Aspects of Minor Surgery," which was well received by all.

Jersey City Hospital Medical Staff.

The monthly meeting was held February 9, 1922, at the hospital, Dr. Immanuel Pyle in the chair.

The monthly report which was read showed that 1,001 patients were treated in the hospital during the month; that there were 128 major operations and 185 minor operations; 949 x-rays were taken. The daily average number of patients was 348.

Dr. A. E. Jaffin reported a case of a man whom he had been treating at his office, who complained of an annoyance in his left groin. He complained of no pain but said that at intervals he had some annoyance in the groin. Dr. Jaffin had the patient present and several of the members made a physical examination. Dr. Jaffin said the case appeared to him unusual, as the patient had no pain. Drs. Koppel, Hasking, Bortone and Commorato discussed the case.

Dr. A. P. Hasking reported a case of epilepsy, of which the intestinal tract, was the causative factor. He called attention to the fact that he had been operated upon by Dr. Draper. That the patient had no difficulty of bowel control and the movements were fairly normal; that he had been subject to about twelve attacks a day before the operation and has since gone for a period of three or four months without an attack. Drs. Street, Pyle and Bortone discussed the case.

Dr. J. R. Commorato reported several cases, in one of which he discussed the case of a man who was admitted to the hospital complaining of a pain in the great toe and stated that the same had continued for about four days previous to his admission to the hospital. That in addition to the pain, the man had a cold feeling in the leg. He noticed that the toe became blue. That the man had a marked arteriosclerosis. That within two days after admission, the discoloration extended up to the knee. The doctor outlined the method of treatment, followed by him and many of the doctors discussed this case and the others reported by Dr. Commorato. Dr. St. George read his report on two autopsies, performed by him at the hospital. The reports were complete in every detail and proved very interesting. Drs. Koppel, Hasking, Jaffin and Winters discussed with Dr. St. George, the

cases reported by him. Dr. Joseph Koppel reported a case of Metastasis in Carcinoma of the Prostate." Dr. St. George assisted Dr. Koppel in the presentation of the case and reported upon the autopsy findings. The case was discussed by Drs. Binder, Sullivan, Perlberg, Pyle, Kelley, Ritnauer and Street. Dr. Higgins, House Physician, presented two pathological specimens, one a fetal heart and the other a uterus. The doctor explained both cases in detail.

Dr. Frank Bortone, to whom had been assigned the paper of the evening, announced the title of his paper as "Post Operative Results." The paper was discussed by Dr. Jaffin and Dr. J. Koppel.

Macheon Club, Jersey City

At the last meeting of the Macheon Club, held February 1, 1922, the host of the evening was Dr. H. H. Brinkerhoff, who gave a very interesting talk on "School Hygiene in Relation to Child Welfare" telling of the great strides our Jersey City schools have made and of further improvements contemplated.

Physicians' and Surgeons' Club.

A regular meeting of the Physicians and Surgeons' Club of Jersey City was held Tuesday evening, January 17, 1922, at the Carteret Club. The vice-president, Dr. L. Dodson in Club. The vice-president, Dr. L. Dodson, in bers present. Interesting cases were reported and Dr. A. P. Hasking gave a very interesting talk on the recent large number of wood alcohol cases in the county.

A letter was received from Dr. J. Nevin, Medical Director, inviting the members of the club to attend the meetings of the medical staff of the Jersey City Hospital.

The paper of the evening was "Post-Operative Tonsillar Hemorrhage," which was read by the host, Dr. J. Wheeler.

Special Meeting.

Associated Physicians of Montclair & Vicinity.
Walter B. Mount, M.D., Reporter

A meeting of the Associated Physicians of Montclair and Vicinity was held on Monday evening, February 27th, at the Montclair Club. Dr. Frank W. Pinneo, of Newark, Secretary of the Essex County Medical Society, was first given the floor and spoke on the possibility of influencing the State Legislature in the matter of medical legislation now pending at Trenton, and holding the prestige won by the medical profession last year.

The speaker of the evening was Dr. Frederick M. Dearborn of New York, Professor of Dermatology, New York Homeopathic Medical College, and Consulting Dermatologist to the Flower Hospital, Hahnemann Hospital and Metropolitan Hospital. He gave an informal and very interesting talk on tuberculosis of the skin, mentioning four varieties. The Official variety is very rare, curable locally, but a general cure is not likely. The warty variety is more common, usually due to local infection and rather curable. Lupus vulgaris is still more frequently seen, and is rather resistant to most forms of treatment, of which the Finns light seems to be the most efficient. The fourth variety of skin tuberculosis, Scrofuloderma, is the most frequent and is curable.

The discussion was opened by Dr. Howard Fox of New York, Professor of Dermatology, New York Polyclinic Medical School, who showed many photographic slides of the lesions; and was continued by Dr. H. J. F. Wallhauser of Newark, Attending Dermatologist, Newark City Hospital. Dr. J. Thomson Stevens of Montclair, Dr. Morgan D. Hughes of Bloomfield and Dr. Philip D. Krichbaum of Montclair also added to the discussion.

The meeting was held in the Montclair Club March 7, 1922. It was called especially to consider the milk situation. Dr. Martin J. Synnott, president, occupied the chair.

Among the speakers was Dr. William H. Park, professor of bacteriology and hygiene at the Bellevue Hospital Medical College, and director of the research laboratory of the Department of Health of New York City. He told of the conditions in New York and the steps leading up to pasteurization in that city. All milk sold in New York now is not pasteurized, however, he said. There is grade A and certified milk. Speaking of the bacteria in milk he said that children up to three years of age were much more susceptible to the bacteria at this age than afterward. Babies suffer from bad milk whether pasteurized or not. Certification does not make good milk, he declared. Clean milk depends upon the producer or the man behind it. At first we found just as much opposition on the part of the dealers as I understand there is in Montclair. He stated that there was no evidence that certified milk had ever produced typhoid, diphtheria or infectious disease in New York, but that it never was known when there might be danger.

Dr. Leslie C. Love of South Fullerton avenue said that he had been told that three of the milk dealers now supplying raw milk would discontinue their business if the ordinance passed by the Board of Health was put into effect on April 1. "How will we fill up this gap?" he asked. "We would have to bring in a supply of lower grade milk than we are receiving now. Let us go more slowly before we take any drastic action. It would be a mistake to drive these men out of business who have served Montclair for so many years with such good milk. The board should reconsider or put off its action for six months, until it has had time to educate the public and the dealers about pasteurized milk and then should put the plan through gradually."

A plan was offered by Town Commissioner James T. Hanan, but was afterward withdrawn. It suggested that a commission of three milk inspectors be appointed to serve for one year, and that a grade of milk known as "medically inspected milk," should be created. This "medically inspected" milk would be a grade peculiar to Montclair, and the rules for it would be made by the Board of Health.

Dr. Synnott asked Dr. Park to "elucidate" the matter of vitamins. Dr. Park said that the only vitamin affected by pasteurization was the antiscorbutic vitamin. When orange juice is included in the diet this made up. There is no danger at all except for little infants, where scurvy may occasionally develop. Health Officer Herbert B. Lerner asked Dr. Park if the vitamin "c" was ever

lacking from milk. Dr. Park said that generally all the vitamins were present and it was only occasionally that the vitamin "c" was absent.

Dr. William H. Areson, president of the Board of Health, asked if pasteurized milk was more easily infected than raw milk and if there was danger from scurvy. Dr. Park replied that pasteurized milk was no more easily infected than any other milk, and that there was no scurvy in New York as the result of using pasteurized milk.

Medical Section Rutgers Club, New Brunswick

At the monthly meeting held March 10th, Dr. Hoffman presiding, the following officers were elected for the ensuing year: President, Dr. Charles J. Sullivan; vice-president, Dr. Fred L. Brown; secretary and treasurer, Dr. John F. McGovern.

Barnett Hospital Clinical Society, Paterson.

Jacob Piller, M.D., Secretary

The twentieth regular meeting of the Barnett Hospital Clinical Society was held Tuesday evening, February 21, 1922, at the Hospital. The president, Dr. David H. Mendelsohn, occupied the chair.

After routine business, the scientific program was entered upon. Dr. Wm. Spiekers presented a case of a laborer, 42 years old, working in a saw mill, who was struck by a piece of timber just above the symphysis. There was pain and desire to urinate but no shock. At first only a little blood was passed; later bloody urine with terminal pure blood was obtained by catheter. Eight ounces of water was passed into the bladder and all recovered by the catheter, going to prove that no rupture of the bladder existed. X-ray showed no fracture of the pelvis. The bladder was then distended with air and x-rayed. This method showed a symmetrical globular bladder, evidently not ruptured, containing a walnut sized calculus, confirmed later by cystoscopy. The bleeding cleared entirely in three days. Litholapaxy will be done later.

Dr. Walter M. Winters described a case of a butcher, 43 years old, who had had a cough for five years, hoarseness four years, and headache with projectile vomiting for one week before admission to the hospital. The patients apathy, irritability, rigid neck and Kernig, with bacteriologic evidence of pulmonary tuberculosis, led to a diagnosis of tuberculous meningitis. The spinal fluid was clear, contained no tubercle bacilli, Wassermann Negative. The patient died one week later unfortunately no autopsy was obtainable.

Dr. Isreal Feigenoff and Dr. W. M. Winters reported having seen in practise several rather severe cases of catarrhal jaundice.

Dr. Winters reported seeing three cases of infantile scurvy recently, in infants fed on condensed milk and patent food preparations.

Active discussion followed the various case reports. The evening closed with a collation.

The next meeting of the society will take place at the hospital, Tuesday evening, March 21, 1922. Members of the profession are welcome.

Other Medical Meetings.

American Medical Association.

The arrangements of the St. Louis profession for the meeting places for the session of the A. M. A., which is to be held in that city May 22-26 next, are singularly fortunate and convenient; never has the association been so well favored in this respect. The district in which the meeting is to take place is at the west edge of the business section of the city, easily accessible from all directions by street car or otherwise and not more than fifteen minutes street car ride from the most distant hotel. The grouping of the meeting places is so compact that should one walk from the Registration Building (Moolah Temple) to the farthest hall it can be done in ten minutes or less; from section to section is a matter of from one to five minutes. The convenience of the location and arrangements of the different halls is more outstanding than in any other city in which the association has met, and a decided improvement over the accommodations which were had at the meeting in St. Louis in 1910.

The St. Louis profession is preparing for an unusual attendance; hotel reservations are coming in rapidly but it is purposed that even the late comer shall be comfortably housed. The wise traveler, however, makes his reservation as early as he finds it possible. Dr. M. B. Clopton, 3525 Pine street, St. Louis, is chairman of the Committee on Sections and Section work.

Full particulars concerning the section meetings, the papers to be presented, etc., will be found in the A. M. A. Journal.

American Protologic Society.

The twenty-third annual meeting will be held at St. Louis, Mo., May 22 and 23, 1922, at the Hotel Claridge. The presidential address will be delivered by Dr. G. S. Hanes of Louisville, Ky. Several papers will be read and case reports made by prominent protologists from different sections of the country.

The American Pediatric Society.—Will hold its thirty-fourth annual meeting at Wardman Park Hotel, Washington, D. C., May 1, 2 and 3. Dr. Maynard Ladd of Boston is president, and Dr. Howard Childs Carpenter of Philadelphia, secretary.

Montrose County, Pa., Society.

At a recent meeting of the Montour (Pa.) County Medical Society, Dr. H. D. Jump, president of the Penn. State Medical Society, said:

So long as cancer cases are permitted to submit themselves to osteopaths, chiropractors, the use of corrosive pastes and plasters, Lydia Pinkham's Compounds, and all sorts of irregular expedients, which do no good but cause fatal delay, there is need for education on the subject of cancer; and it is the duty of the physician to blaze the way. He emphasized the fact that regarding cancer several points should be noted: (a) after 40 years of age one out of ten deaths are due to cancer, and (b) there is still need that physicians be urged to give attention to every suspicious symptom in order

that there may be an early recognition of the disease. He declared that physicians tend to minimize the condition; too apt to be hopeful that it is not cancer.

Dr. J. C. Bloodgood, Prof. in Johns Hopkins University, Baltimore, presented, with some detail, the various classes of cancer, as of the tongue, lips, skin (including moles), breast, bone cancer, etc., giving some of their causes, outlining points in their early recognition and treatment. He said the most of these are preventable conditions and that we need to get this information to the the public. He used cancer of the tongue as an example. This occurs mostly in men who smoke; they are apt to use a rough pipe stem, or they may have rough and unclean teeth. This gives rise to the needed irritation. The cure lies in "stop smoking," remove the snags of teeth and clean up the good ones. He said, look with suspicion upon every little sore or lump, especially if it cannot be cured in three weeks; cut it out or, if possible, remove the cause.

Dr. H. L. Foss, surgeon in chief of the Geisinger Memorial Hospital, Danville, presented the closing paper. "The Cancer Problem at the Geisinger Hospital." He said, since the hospital opened five and one-half years ago, 263 cases with cancer had been admitted for treatment; that nearly always these patients came late in the course of the disease (they nearly always do), and that they will continue to until the campaign of education among the laity and the profession, of which this meeting is a part, begins to make itself felt. The success of the conquest of cancer rests largely in the hands of the patient, but he must be educated; and next to the patient, it rests in the hands of his trusted friend, the physician.

Medical Society Condemns Contract Practice for Reduced Fees.—At a regular meeting of the Sedgwick County Medical Society, held in Wichita, Kan., Jan. 29, 1922, resolutions were adopted recommending that the society condemn any contract practice that pays a fee less than the regulation fee adopted by this society. The recommendations also condemned other methods of organizations interested in promoting contract practice.

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Dr. Hubert Work, President of the American Medical Association and first assistant postmaster-general, will succeed Mr. Hays as postmaster-general of the United States.

THE JOURNAL

OF THE

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE.—The transaction of business will be expedited, and prompt attention secured if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR, New Brunswick.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE, Newark

156th ANNUAL MEETING

This Year's Annual Meeting of the

Medical Society of New Jersey

will be held in the

Monmouth Hotel, Spring Lake, N. J.

June 21 to 23, 1922.

See preliminary program in next column. Further announcement will be made in the May Journal and full program will be sent to the members early in June.

The Board of Trustees will meet in the Monmouth Hotel on Tuesday evening, June 20th, at 8.30 P. M.

PLEASE REMEMBER.

The Editor's correspondence is made unnecessarily enormous because of the members' failing to read or remember the following oft-repeated notices: All reading matter for insertion in The Journal and all exchanges are to be sent to the Editor, Dr. D. C. English, New Brunswick, N. J., not to Orange or Newark. While the Office of Publication is in Orange, the editorial headquarters are in New Brunswick.

All matter for the Official List; for the list of Officers and Committees on

pages xxi and xxii, and all business matters connected with the coming annual meeting, are to be sent to Dr. W. J. Chandler, South, Orange, N. J.

All communications relating to subscriptions, reprints, changes of address, extra copies of the Journal, books for review and advertisements are to be sent to Dr. C. D. Bennett, 177 Clinton Avenue, Newark.

LOOK

STATE SOCIETY ANNUAL MEETING

Here are the arrangements thus far completed:

Wednesday, June 21st

11.00 A. M., House of Delegates Meeting.

2.30 P. M., Business Meeting.

8.30 P. M., President's Address.

Thursday, June 22nd

9.30 A. M., Papers and Discussions.

2.30 P. M., Business Meeting—Election, Etc.

3.00 P. M., Papers and Discussions.

8.30 P. M., Vaudeville.

Golf tournament can be played any time during the day.

Friday, June 23rd

9.30 A. M., Papers and Discussions.

2.30 P. M., Papers and Discussions.

7.00 P. M., Surprise Banquet.

9.30 P. M., Reception and Ball.

M. W. Reddan, Chairman.

GOLF

STATE MEDICAL SOCIETY

The Committee is arranging for a Medal Play Tournament at Spring Lake, on Thursday, June 22nd, 1922.

All will play on their home club handicap.

Prizes for low gross and low net.

Send entry to John C. Clayton, M. D., Freehold, N. J.

M. W. Reddan, M. D., Ch'm.

We note that the Illinois State Medical Journal has inserted in its March issue the address of Dr. Hobart A. Hare delivered at our State Society banquet last year and has distributed many reprints of it. We also notice that the Medical Brief, of St. Louis, has printed in its March issue the paper of Dr. A. A. L. Baker of Dover, which appeared in our January Journal.

CAREFUL THOUGHT NEEDED FOR WISE ACTION.

In about two months we shall gather at the 156th annual meeting of our State Society at Spring Lake. Dr. Reddan gives us in another column a brief preliminary outline of the program. Next Month we will give a list of addresses, orations and papers and their authors. It is our desire, and we believe the desire of all our officers and committees that the coming meeting shall be one of the best we have ever held and they are planning with that object in view.

We believe that the greatest need for accomplishing that desire is not only for the officers and committees but for every member who expects to attend to do some very careful THINKING. Thinking based on **facts**, not on imaginary evils, inaccurate statements or unwarranted gloomy forebodings, and then do some practical planning for wise action that will tend to maintain the high standing of our Society and the honor of our profession as it seeks—as it has sought in the past—the welfare of humanity.

Our Board of Trustees last month held a very important meeting called by our President to consider our present financial condition as there had been some hasty pessimistic statements made based on erroneous reports. Several officers of county societies were present on invitation. After spending two hours in thorough investigation, the reports were found to be groundless and all left the meeting full of optimism as to our Society's outlook for the future.

There are three matters to which we briefly call attention concerning which we need accuracy in knowing actual facts in order to arrive at wise conclusions. The State Society's Welfare Committee was unanimously voted a large amount of money for its work during the year—July 1, 1921, to July 1, 1922. We believe the committee's report this year will show that there has been expended but little more than half the amount authorized **that has been charged to the Society account**. The members of the committee have given personally in money and in time that has meant loss of practice, about half the amount that the Society has been called upon to pay. We believe from the results obtained that it was one of the wisest investments the Society has ever made.

The second matter is in reference to our Constitution and By-Laws. They need some revision and a good committee has been giving thought and time and will recommend changes that we believe will add to better equipment and greater efficiency. We expect a good report and our House of Delegates should carefully consider it. We need good officers and committees—men who have the welfare of the profession at heart. The study of our past history will show the record of the men who served as third vice-presidents and became in regular course presidents of the Society—when the office sought the man not the man the office, and we had such men as Drs. Pennington, Marsh, Cooper, Lilly, Blane, Hunt, Coles, O'Gorman, Baldwin, Oakley, Kipp, the Elmers, Taylors, Piersons, and many others of the departed ones who served with great ability and gave our Society high standing at home and abroad. Let us ever continue that record for the profession's honor and humanity's welfare.

The third matter we refer to is the representation of our State Society at the annual meetings of the American Medical Association. Three delegates and three alternates are elected at our annual meeting. Last year only one attended part of the time. This year's meeting occurs next month—before our annual meeting and it will be an unusually important meeting at which **we should have present** three delegates. If those selected last year cannot attend, others should be appointed who will.

Next month we expect to present the great need of more careful **Thinking, Planning and Acting** in conducting the work of our County Medical Societies.

SHALL WE SOCIALIZE MEDICINE?

The members of the medical profession, for the first time in their lives, are beginning to realize the necessity of being on guard to prevent the acceptance of various schemes proposed ostensibly for the benefit of the public good but in reality offering a means of socializing the practice of medicine. We have been lending our support to the public health work of every description, and very justly so as long as the public health work has been conducted along the lines followed in years past. However, at the present moment there is a tendency on attempted dictation of a class of salaried

the part of many of the public health officials to so broaden the field of public health work as to make serious inroads into private medical practices and trample upon the toes of the doctors who depend upon their professional work for a living. In fact, it was demonstrated at the Boston session of the A. M. A. that what we had most to fear in much of the so-called uplift work that is detrimental to the medical profession at large is the attitude of public health officials. They stood shoulder to shoulder for some action on the part of the A. M. A. that would be not only economically detrimental to the medical profession at large, but in many instances would prove positively vicious. By all means let us be on our guard as to who shall represent us in the House of Delegates at the A. M. A. sessions and who are to serve as officers of the parent organization. We have had quite enough of the Lambert stripe and satellites.—*Jour. Ind State Med. Assn.*

Special attention is also called to the article inserted elsewhere entitled "Multiple Voting Privileges in the American Medical Association." It calls for careful consideration and prompt action by our State and County Medical Societies.

BUFFALO PHYSICIANS PROTEST PAUPERIZATION OF PUBLIC.

The Physicians' Protective Association of Buffalo, made up of 450 of the 857 physicians in that city, is carrying on an energetic fight against the pauperization of the public through free medical services in local hospitals. In a statement adopted at a meeting held January 31, addressed to the mayor and the city council, definite objection was made to the increasing tendency of "an amazingly large proportion of the population" to receive some form of relief or aid and to become to some degree dependents and paupers. The resolution says: "We believe that the time has arrived for an accounting, and that widespread and unnecessary pauperization in the form of medical aid should cease. Abuses are tolerated under the mask of public health, and should be ruthlessly exposed. There is no greater menace than the creation of a vast, willingly dependent class, and it concerns the public more than the medical profession. We are tired of the burden forced upon our profession, and weary of interference and

workers whose livelihood depends so largely on the inflation of the number in the army of fraudulent dependents." The thorough investigation of the cost of care of the sick poor and indigent was urged. In the discussion preceding the adoption of the resolution, it was claimed that, during the first three months of 1921, 7,000 patients were treated in the health centers and dispensaries of Buffalo, as compared with 100 in the same period in 1916, that the health center was merely a collecting agency for the city hospital, and that there was a concerted movement to secure as many patients as possible so that a larger appropriation from the city could be obtained. The result of the agitation was that the mayor instituted an investigation and, according to the Buffalo Express, "more than a score of witnesses testified that they were able to pay, but that they had received free treatment for themselves or members of their families." The fight apparently centers around the proposed plan of consolidating all the hospitals and charity bureaus in Buffalo in a single municipal hospital. In addition to the objection of the medical profession, eight local hospitals have also made a public protest against the proposed plan.—*A. M. A. J.*

SMITING QUACKERY.

From the N. Y. Tribune, Mar. 31.

The public has not followed the detail of the debate over the chiropractic bill now before the Governor for signature. Nor is it necessary to do so. To arrive at a judgment it is enough to know that on one side are the advocates of quackery and on the other those who would suppress quackery. The issue is the simple one of whether fraud is to be encouraged or discouraged.

The quack, though he often changes his masquerade, is a member of an ancient profession. Knowing human aversion to pain and human gullibility, he exploits his fellow creatures by selling a cure-all. When men believed in evil spirits he marketed incantations; when medicaments came into use his herbs were sure cures, and in these later days he specializes on psychology, or laying on of hands, or blue glass, or cold water, or bone manipulation. Though his prescriptions are altered to meet new conditions, he always has a panacea to dangle before the credulous.

Is it not time for society to take the quack by the throat, as it has the food poisoners and the false advertisers? Has not science shown results entitling it to be trusted? Should we not confide the healing art, at least in its commercial phases, to those who have some claims to being considered competent? No fear need be entertained of shutting the door to progress or of preventing new discoveries. Our medical colleges are hospitable to new ideas. Institutions are maintained devoted to research. If the chiropractic idea has merit, why is it unwilling to submit to the judgment of those able to judge? Why does it prefer a jury of the ignorant? If its principle were a sound one we may be sure that long ago it would have been recognized by regular practitioners and its discoverer hailed as a benefactor.

The bill before Governor Miller will not end quackery. But it marks a step toward its suppression. As such there seems no good reason why the Governor should withhold his signature.

We were pleased to receive the February issue of the Journal of Metabolic Research, edited by Dr. F. M. Allen of the Physiatrie Institute, Morristown. It contains three able articles on the pathology of diabetes by Dr. Allen with excellent illustrations; also an article on Alcohol in the diabetetic diet by Drs. Allen and Mary B. Wishart, and an article on Overnutrition with fat and alcohol in severe diabetes.

Surgeons to Make Radium Research.—The American College of Surgeons, at its recent meeting in Philadelphia, voted to devote a year of intensive research work in an effort to establish the value of radium as a cure for cancer. Specialists all over the world will be asked to furnish statistics on the results they have obtained in the use of radium. A committee will soon be appointed to carry out the work, with a research director-general who will not only conduct experimental work in his own laboratory but will be constantly in communication with similar laboratories all over the country.

The Passing of the General Practitioner.—The unfortunate individual who by reason of the obscurity of his symptoms is sent from one specialist to another often looks in vain for the only one who can interpret, weigh the value of, and fit in place the seemingly unrelated parts of the puzzle, the well-equipped, broad-visioned, experienced general practitioner; the humanizer, as someone has fittingly expressed it, of medical practice. With his disappearance, except in some of our rural communities, disappears also that most cher-

ished, often sacred relationship between the doctor and patient, the personal side of practice.—M. Nicoll, Jr., Health News.

The old time practitioner used to call in a one-horse buggy and his apparatus consisted of one thermometer, two hands, two eyes and one sixty horse-sense power brain.

The modern city specialist calls in a 48-horse power limousine, accompanied by a nurse, assistant, technician, and a trunk full of apparatus. He too has a thermometer, two hands and two eyes but the horse power is in the limousine.—A. M. A. J.

NEW AND REINSTATED MEMBERS.

Dues Received Since Issue of Official List.

Axilrod, M., Atlantic City.
Bewley, L. H., Atlantic City.
Di Jaso, James Y., Newark.
Englander, Charles, Newark.
Fowler, Richard M., Atlantic City.
Grier, R. M., Pleasantville.
Held, R. J., Atlantic City.
Hickman, Robert B., South River.
Hughes, J. W., Atlantic City.
Jonah, W. E., Atlantic City.
Lindley, Charles L., Lakewood.
McBride, Hesser, Newark.
McGeehan, S. M., Atlantic City.
Mandeville, Frank N., Newark.
Massey, John F., Atlantic City.
Miller, D. J. M., Atlantic City.
Nash, William G., Newark.
Nemser, Rudolph W., Jamesburg.
Pilch, Arthur G., Bloomfield.
Pollard, Wm. M., Atlantic City.
Ringland, Robert F., Montclair.
Roberts, H. H., Laurel House, Lakewood.
Shimer, A. B., Atlantic City.
Souder, Lewis R., Ventnor.
Sullivan, Charles J., New Brunswick.
Wallhauser, Andrew, Newark.
Wescoat, Absalom S., Atlantic City.

Our Annual Meeting.

We have just received as the Journal goes to press the following note from Manager Tyng of the Monmouth Hotel:

Exeter, N. H., March 30, 1922.

My dear Dr. English:

I have just received your favor of the 27th inst., and we certainly are looking forward with pleasure to the return of your society to the Monmouth Hotel for its annual convention. We hope that there will be a large attendance of members of the society, and I beg to assure you that every effort will be made for your comfort and enjoyment.

We are now calling the hotel simply The Monmouth instead of The New Monmouth, as formerly.

I shall be glad to send you any information that you may desire at any time.

Yours very truly,

Edwin S. Tyng, Manager.

The Annual Meeting of the Academy of Medicine of Northern New Jersey will be held on Wednesday, April 19th, at 91 Lincoln Park, at 8.30 P. M. The paper will be presented by Prof. Chevalier Jackson, M.D., of Jefferson Medical College, Philadelphia.

CHAPTER 245, LAWS OF 1922.

In Effect July 4, 1922.

An act to amend an act entitled "An act prescribing the liability of an employer to make compensation for injuries received by an employee in the course of employment, establishing an elective schedule of compensation and regulating procedure for the determination of liability and compensation thereunder," approved April fourth, one thousand nine hundred and eleven.

Be it enacted by the Senate and General Assembly of the State of New Jersey:

1. Paragraph fourteen of the act of which this act is amendatory be and the same hereby is amended so that the same shall read as follows:

14. The employer shall furnish to the injured workman such medical, surgical and other treatment, and hospital service as shall be necessary to cure and relieve the workman of the effects of the injury and to restore the functions of the injured member or organ where such restoration is possible; provided, however, that the employer shall not be liable to furnish or pay for physicians' or surgeons' services in excess of fifty dollars and in addition to furnish hospital service when necessary in excess of fifty dollars, unless the injured workman or the physician who treats him, or any other person on his behalf, shall file a petition with the Workmen's Compensation Bureau stating the need for such physician's or surgeon's services in excess of fifty dollar, as aforesaid, and such hospital service or appliances in excess of fifty dollars as aforesaid, and the Workmen's Compensation Bureau after investigating the need of the same and giving the employer an opportunity to be heard, shall determine that such physician's and surgeon's treatment and hospital services are or were necessary, and that the fees for the same are reasonable and shall make an order requiring the employer to pay for or furnish the same. If the employer shall refuse or neglect to comply with the foregoing provisions of this paragraph, the employee may secure such treatment and services as may be necessary and as may come within the terms of this paragraph and the employer shall be liable to pay therefore; provided, however, that the employer shall not be liable for any amount expended by the employee or by any third person on his behalf for any such physician's treatment and hospital services, unless such employee or any person on his behalf shall have requested the employer to furnish the same and the employer shall have refused or neglected so to do, or unless the nature of the injury required such services, and the employer or his superintendent or foreman, having knowledge of such injury shall have neglected to provide the same, or unless the injury occurred under such conditions as make impossible the notification of the employer, or unless the circumstances are so peculiar as shall justify, in the opinion of the Workmen's Compensation Bureau the expenditure assumed by the employee for such physician's treatment and hospital services, apparatus and appliances. All fees and other charges for such physicians' and surgeons' treatment and hospital services shall be reasonable and based upon

the usual fees and charges as prevail in the same community for similar physicians', surgeons' and hospital services.

2. Paragraph fourteen (a) of the act of which this act is amendatory be and the same hereby is amended so that the same shall read as follows:

14 (a). Compensation for all classes of injuries shall run consecutively, and not concurrently, except as provided in paragraph fourteen, as follows: First medical and hospital services and medicines as provided in paragraph fourteen. After the waiting period, compensation during temporary disability. Following both, either or none of the above, compensation consecutively for each permanent injury. Following any or all or none of the above, if death results from the accident, expenses of last sickness and burial. Following which compensation to dependents, if any. In no case shall the total number of weekly payments be more than four hundred.

Appendicitis Treated by Massage.

Editorial from N. Y. Times, Dec. 13.

Legislators who have voted for the legitimizing—no, the legalizing—of medical practice by men without a medical education and consequently unable to diagnose disease must have had a decidedly unpleasant feeling of responsibility as they read about the boy who, while suffering from an acute attack of appendicitis, was subjected to the rough treatment of a so-called chiropractor and died a few hours later of general peritonitis.

Die that boy almost inevitably would, as would anybody else similarly afflicted who fell into the hands of a "doctor" who for every ill had the one expedient of manipulation of bones and muscles—of massage, in short.

Few laymen, nowadays, are so ignorant of pathology as not to know what the effects of heavy pressures on an inflamed and infected appendix would be—as not to know that such treatment would be the very worst possible in such a case. The chiropractor, however, did not know even that. He went ahead with his usual and invariable procedure.

To say that the boy was murdered would be to exaggerate, for the intention to kill was absent, but the lesson ought to be obvious, for this is the second such death in this neighborhood within a week, and how many more there have been, and how many cases in which harm has been done and proper treatment delayed and made less effective than it might have been if given in time—that is something the legislators who have permitted the irregular medical cults to exploit the credulity of the public seriously should consider.

Not all the responsibility for the death of the boy with appendicitis lies with the legislators. Some of it rests on the regular practitioners for their reluctance or refusal fully to recognize and utilize the large possibilities there are in "mechanical therapy." The osteopaths and chiropractors have not gained their vogue by failing in every application of their methods. They do have their successes, and some of the successes are sufficiently brilliant fully to account for such favor as they have acquired with the unthinking part of the public.

There is, indeed, no reason why a doctor regularly educated in his profession should not

specialize, if he chooses to do so, in this form of treatment for patients intelligently selected. That, however, is a very different matter from letting a man who in a few months of study has learned a little about bone and muscle manipulation, and absolutely nothing else of medicine, profess himself competent for a general practice. The dangers incidental to this are many and great, and every day these one-idea men are illustrating their number and size.

MULTIPLE VOTING PRIVILEGES IN THE AMERICAN MEDICAL ASSOCIATION.

Editorial from the Illinois Med. Jour.

One Man's Vote in the A. M. A. Should Represent as Much as Another

Comment: This editorial should be read in connection with the communication from the Medical Advisory Committee, which we published in our February Journal, entitled "A Call for Medical Reform in the American Medical Association."

Medical population of each state in the union is the hypothetical basis for the calculation of representation and franchise privileges in the House of Delegates of the American Medical Association.

This premise is vitiated through a "special section" joker. There are fifteen extra votes in the House of Delegates of the A. M. A. that do not belong there. These fifteen votes are in the hands of "special section men." Each one of these fifteen ballots negative the erstwhile "sayso" of fifteen states. It is an unjustified, malicious usurpation and aggrandizement of power.

The Illinois State Medical Society and the Chicago Medical Society suffered from multiple voting power vested in a privileged few. At one time this most undemocratic feature of multiple voting power was almost the undoing of both organizations. For instance, before the Chicago society could be rid of the evil it was necessary to submit the proposition to a referendum vote. It is hoped that the A. M. A. will not find itself in a similar predicament.

In connection with the multiple voting power evil it is well to recall what happened in the Chicago Medical Society and in the Illinois State Medical Society. Primarily the establishment of this unfair and undemocratic system, in the Chicago Medical Society and subsequently the refusal of the sponsors of the vicious scheme to abolish it voluntarily led to the elimination and to the continual surrender in the management of affairs of both societies of many of the men who sponsored this class privilege now in vogue in the A. M. A. Following the elimination of multiple voting power in the Chicago Medical Society and the substitution of equal franchise the society took on new impetus. It grew by leaps and bounds. Today it is the most alert, most progressive and largest local medical society in the world. One member's vote represents voting power equal to that of any other member.

The same group of medico-political milkmaids that inflicted this evil upon the Chicago Medical Society and the Illinois State Medical Society no doubt is responsible for the inauguration of the multiple voting system in the A. M. A. Not content with this wholesale loot

of representative power this same coterie has set on foot a movement to extend to a period of seven years the term of the A. M. A. trustees. What with this purposed extension of authoritative control and the absolute annihilation of the opinions of state after state it looks as if the silklined welfarists in the A. M. A. were out to set up kings faster than Europe can kick them over.

Glance at a few statistics. Take a bird's eye view of the situation. Section XI of the By-Laws of the A. M. A. permits the scientific sections to the number of fifteen each to elect a delegate with voting power to the national house of representatives for the term of one year. This section of the by-laws thus automatically grants a special voting privilege to a special class. Further this reduces the value of representative delegates in the ballot totals by fifteen votes. It negatives the value of fifteen votes and destroys completely the voting power of fifteen of the states from which there is no "special section" representation and from which the allotment is one vote each. The workings of this by-law and this multiple voting power that results from it turns the A. M. A. from the democratic institution that it should be, into a cheap oligarchy, which of all things it should not be.

The rule and not the exception is for a delegate not to represent at the same time, a division of his scientific section, and his state. For some states this results in a quick concentration of power that is a facile tool for machine politics. Give a state extra delegates with a state vote in the palm of each hand—and to the lobbyist "what to do" is easy. Superdelegates and multiple voting power are scattered usually among a few states. For instances in 1920 Kentucky and Ohio had one each, Indiana had 2, Illinois 5, and New York 6. While in 1921 there was one each in Alabama, District of Columbia, Indiana, Ohio, South Carolina, Massachusetts and New York each 3 and Illinois 4.

To get an idea of the way this block works when it is in action turn to the records of the New Orleans meeting in 1920. The state of New York had six "joker" votes—repeater ballots, too—because of her superdelegates, in addition to the regular legitimate eleven votes based on representation according to medical population. This gave New York a total of seventeen votes. Either Missouri or Texas state quota was five votes. Texas for instance had no superdelegates. In the face of New York's eleven representative and six unrepresentative votes, anything that Maine and Texas might wish to say would receive ballot contradiction immediately if New York wished to differ because the legitimate votes from Maine and the legitimate votes from Texas would be literally wiped out by the force of these unrepresentative illegal votes held by the State of New York.

This is practically as bad as it was in the old days in the Chicago Medical Society when the total representation in the governing body of that organization was fifty votes. Many of the same crowd that has hamstrung the A. M. A. were the guiding spirits of the Chicago Medical Society at the time mentioned. In the Chicago Medical Society these special privilege advocates annexed twelve special so-

cieties each with a councilor with voting power. This resulted in fully twenty-five per cent. of the balloting being a special privilege to a few through this multiple voting power provision. It became ludicrous in the face of the fact that some of the men belonged to many of the different "special societies." One man for instance had nine votes. Another had six votes. There were several men with two or three. Repeatedly request was made to eliminate this unfair feature. Repeated refusals to do so finally brought about a referendum vote, and it was all wiped out by a vote of twenty to one. The A. M. A. should think of this. "History repeats itself."

Estimate has been made that the block of fifteen illegal votes in the House of Delegates of the A. M. A. represents the selective vote and choice from the scientific section with a personnel of about "5,000 fellows and associate fellows," who have already been represented once as to their opinions through the delegates from their state societies. Yet through this block of fifteen these five thousand self appointed luminaries not only get a double vote but they manage to vitiate the wishes of fifteen entire states with a population of over ten million. Yes, at least ten million if one chooses as a typical group of suppressed states minus superdelegates the states of Arizona, Delaware, Florida, Maine, Mississippi, Montana, Nevada, New Hampshire, New Mexico, North Dakota, Oregon, South Carolina, Rhode Island and the District of Columbia. Or, in another comparison, it is found that this block is more compelling than the wishes of the medical men representing the fifteen million people who live in Pennsylvania and in Ohio. Fifteen unfair votes can work that much damage!

These fifteen votes represent subsidized legislation. These fifteen votes are special privilege to the holders. These fifteen votes take an inequitable advantage of a false system of ballot distribution. The states that hold these votes cast two votes each to every single ballot held by their fellows. The holders of those votes have representation again in their state societies and again in the special section trespass. This same group on whose shoulders rests the odium of polluting the A. M. A. with multiple voting power, is the same group that held out a friendly hand at the Boston meeting towards bolshevist propaganda that will tend to the ultimate socialization of the practice of medicine.

This block of fifteen is irresponsible. It is beyond control. If a state delegate is a derailed state society can discipline him. But nobody can touch this block. It is indeed a case of "jokers wild." This block should be abolished. Here is a point at issue where the rank and file should express its opinion. As the rank and file has all the work to do let the rank and file dictate the way in which the work should be done.

As this block of superdelegates is accredited with being the force that made it impossible for the rank and file to elect at the Boston meeting trustees who would represent the physicians of the United States and not the professional "welfare" health center advocates, hypocritical "foundations" and other reptilian invaders of that ilk, one need look

no further for a shining illustration of the evil wrought by multiple voting power. This franchise inequality is the open sesame for all chicanery. Why should there be duplex representation from any sort of men? These "special section" men each belongs to his residential state society. Why should they be privileged to hold that representation and then possess additional representation as a "member of the section?" Who pinned that rose on Willie anyway? Why not let the poor devils who weed the gardens wear their flow-ers themselves? Is not the laborer worthy of his hire?

We Must Have a Candidate for the Legislature in Every District in the State.

From the Illinois Med. Jour.

Galena, Illinois, June 15, 1921.

To the Editor: Semi-occasionally, yes even more frequently, come to our offices letters from the Legislative Committee of the State Society asking us to write, or wire our senator and representatives to favor or oppose such and such a bill that is before our Legislature.

In looking over the recent copies of the Illinois Medical Journal I find no less than thirty-six bills up to the May issue of the Journal after which is the comment "opposed" or "approved." Why this everlasting hammering at the medical profession? Is it that the profession, as a profession, has failed to make good? Or is it due to the indifference of the profession, as a profession, to the affairs of state and the duties of citizenship?

The questions of compulsory health insurance, health centers, social uplifters, compensation insurance, maternity bills, limitation of fees, chiropractic bills, osteopathic bills, mechano-therapy bills, optometry bills, annual registration bills, cosmetic therapy bills, and lest I have left out some the "unknown" bills.

Now what are we as a profession going to do about all of this? Are we going to sit tight and let the kind of men we send to our legislatures legislate us out of business, out of the most learned profession in the world? Or will we have the "guts" to oppose such matters in the only way that will be effective?

Of course our "leaders" in the State Society maintain that the influence that the Legislative Committee of the State Society can bring before the Legislature will be sufficient to protect all of our legitimate interests, and that when obnoxious bills spring up, and they are springing up like Bryan said the army would, the above mentioned committee can ask the home doctor to write his senator or representative to favor or oppose such and such a measure—and the senator or representative will do as he d— pleases.

The real cause of all this hammering at the medical profession is due to our own indifference to the affairs of state and public interest.

Two years ago as secretary of the Jo Daviess County Medical Society I sent copies of the enclosed to all the physicians in this the Twelfth District, ninety of them, and I got eight replies. Think of it. Eight replies from ninety physicians on a question of such importance.

The Doctor in Politics.

The American physician has been almost a minus quantity in politics. While his colleague abroad has been an active figure in all

matters of state, and not a few of them have gained world-wide renown in this line.

This, we think, is a condition that the medical profession should look to in the future, and take a more active interest in city, county, state and national affairs.

We have, some few times, asked questions pertaining to affairs of government and received the reply: "Oh, I don't know; I am no politician." Such remarks always give us a feeling akin to that felt by the little boy who tells his mamma he has an ache in what we physicians call the abdomen.

This lack of interest in politics is the main reason that the laws pertaining to the practice of medicine are hashed and rehashed by men in sympathy with all the pseudo-medical cults.

Were there a physician member of the Legislature from a third of the districts of the state, how far would Mr. Shephardson's pet scheme of annual registration get?

The physician from the standpoint of education, knowledge of life, and his intimate association with people is particularly well qualified to make a creditable legislator.

We hope that more American physicians will in the future take a more active interest in politics. This we are sure will reflect to the credit of the profession and to the welfare of the people.

Here lies the remedy for the evils that the legislature tries to inflict on the medical profession. **The doctor must enter politics. We must have a candidate for the legislature in every district of the state.**

I would suggest a new medical society composed of the several county societies of each representative district. This society should meet twice a year. The first meeting should be held in time to bring out a candidate, a member of the medical, druggist or dentist profession, for the legislature in each district of the state. The second meeting should be held after the nominations had taken place, and for the purpose of organizing the campaign.

These new societies should be designated by number. For illustration the counties of Jo Daviess, Stephenson and Carroll forming the Twelfth Representative District should be known as the "Twelfth District Medical Society."

With twelve thousand physicians in this state organized in this manner some influence in the affairs of the state could be wielded, and the politician would no longer say, "to he— with the doctor."

In this new District Society I would advise that the druggists and dentists be included as our interests are somewhat common.

With an organization of this kind it would require but one campaign to put us on the political map, and you would see the politicians running over each other to get in favor.

With the medical profession at the present time divided into more than forty-six different divisions, (Adv. Page 8, Journal A. M. A., exclusive of the several state societies and more springing up every year it seems time that the common every day practitioner should assert his rights or he will awaken some morning and find he has gone.

Respectfully yours,

G. W. Rice, M.D.

Therapeutic Notes.

Colic.—For an acute attack in children, ten to fifteen ounces of soap enema, injected slowly and steadily, will usually give prompt relief. Hot flannel fomentations to the abdomen, and a dose of castor oil if the usual cause is offending material in the bowel. If flatulence is the chief feature, give:

Tincture of belladonna, m ii.

Aromatic spirit of ammonia, m ii.

Bicarbonate of soda, gr. v.

Peppermint water, to 3i.

M. Sig.: Every six hours for an infant of six months.—"Practical Prescribing and Treatment."

Phenocol Paste.

Carbolic acid, gr. xx

Zinc oxide, 3ii

Calomel, gr. x

Starch, 3ii

Petrolatum, white, 3i.

This formula is a very popular ointment at a Philadelphia hospital. When all else fails to heal a reluctant sore, pasta phenocol is ordered, and with uniform success.

Digitalis in Tuberculosis.—Focke quotes literature 100 years old of English origin in which the statement is found that foxglove in small dosage is of value in the first stage of consumption and may result in recovery. It is of hardly any use in the second stage, but in the third exhibits some symptomatic value. He suggests that the drug be tried out in our sanatoria.—Wiener klinische Wochenschrift.

Action of Quinidin.—Drs. Boden and Neukirch of Leipzig, report constant success with quinidin in treating extrasystolia and paroxysmal tachycardia. With absolute arrhythmia they found the action uncertain; in seventeen cases only seven were restored by it to normal rhythm, and this only transiently. They described research with it on the isolated rabbit and fetal heart, and compare the findings with those of others.

Radish Juice in Gall Stones.—Radish juice, obtained by grinding up radishes and expressing through cloth, has been found effective in relieving and preventing recurrence of hepatic colic. Dose, one-half cupful a day, increased to two cupfuls, and after two or three weeks, diminished gradually to one-half cupful three times weekly. Repeat "cure" several times yearly.

Diet in Cancer.—Dr. T. J. Allen, Eureka Springs, Ark., in a paper on Dietetic Treatment of Cancer, in the Medical Record, concludes as follows:

In the New York Cancer Hospital, in the Battersea, London, hospital, and others, a low protein diet has been used with good results. A diet that excludes flesh materially reduces variation; but the fact that the Eskimo and cannibals are immune and that the Salisbury exclusive beef diet is used with apparent success in the treatment of cancer, and that a few protein diet has been found better than a low

protein indicates that an appropriate "few protein" (Bishop) or single protein diet, possibly a flesh diet, in some cases, would be better. An exclusive milk diet has been used with success.

In a case diagnosed carcinoma by several Pittsburgh physicians, I used (with other treatment, of course) a diet of whole wheat bread and milk, with cottage cheese, exclusively for eight months, with permanent success. In another, an extreme case, given up after the subject had been prepared for operation at the Galesburg, Ill., hospital, whole (brown) rice, with raisins, prepared in the fireless cooker (a complete, low-protein diet) was followed for more than a year, the patient recovering slowly and remaining well for nearly four years. Changes in diet should be made gradually; and now the subject's likes and dislikes should be duly considered. I mention these two cases as illustrating the view that the chief consideration is uniformity of diet, the one using much cheese and milk with whole wheat being a rather high protein, the other quite low, but both proving successful.

Hospitals; Sanatoriums.

The Muhlenberg Hospital, Plainfield, received 244 patients during February, the average number per day was 112. There were 31 births.

New Orthopedic Hospital in Newark.

"The act of George A. Ohl Jr. was magnificent," said Dr. Adolf Lorenz, following the luncheon at which Mr. Ohl offered \$100,000 to found an orthopedic hospital for the poor of Newark. "Not only was it magnificent, but it should be an example to other of Newark's wealthy men." The gift has no conditions and no restrictions, said Mr. Ohl's attorneys, in a written statement issued following a farewell luncheon to Dr. Lorenz at Achtel-Stetter's at which the reported donor made himself known. To further the methods in vogue by Dr. Lorenz will be the aim for the hospital, and the hope is expressed that the iVennese surgeon will make frequent visits and act as a consultant.

North Hudson Hospital.

The purchase of a baby incubator for the North Hudson Hospital is now being contemplated by a committee appointed for that purpose at a meeting of the Board of Governors, and a committee was also appointed to secure estimates for providing for a fracture room equipment and to provide for the new addition to the hospital by moving the kitchen, laundry and heating plant to a small structure outside the hospital building. The purchase of the incubator was decided upon.

Dr. Louis E. Poole, who has specialized in orthopedic and fracture cases through his work in the army and at government hospitals, recently pointed out the need for a fracture ward, with special equipment. It was planned to locate this new ward in the basement, and probably to enlarge the present emergency room by the improvements discussed.

The monthly report showed 135 patients ad-

mitted during January: 47 patients remained from the previous month, and 182 patients treated. The emergency ward treated 72 patients, admitted 16 patients and discharged 56 patients. The clinic report shows 59 patients treated for ear, eye, nose and throat; the general clinic treated 155 patients; three patients at the baby clinic, and the genito-urinary clinic treated 26 patients.

Phillipsburg Maternity Hospital.—The Board of Trade set aside the evening of March 30 as Warren County night for the medical fraternity and women of the county in connection with the Phillipsburg maternity hospital project. A dinner was held and Dr. Julius Levy of Newark delivered an address.

Salem County Memorial Hospital.

The following is the report of the Salem County Memorial Hospital for the month of February: Admissions, 35; discharges, 42; births, 7; deaths, 0; operations, 19; x-rays, 15; accident cases, 7.

Tri-County Hospital.

Active preparations are being made to take advantage of the government's offer to take care of the wounded world war soldiers.

Atlantic, Cape May and Cumberland counties have been designated as one state hospital district. Dr. R. D. Clippinger of Vineland, has been appointed to take charge.

Vineland, N. J., Hospital.—Leverett Newcombe of Vineland has agreed to donate to the Vineland Hospital Association between \$150,000 and \$200,000; this includes two city lots blocks, valued between \$20,000 and \$30,000, to be used as a site for the hospital.

Bonnie Bunn Sanatorium

Dr. John E. Runnels, Superintendent, reports that on February 1st there were 279 patients in the Sanatorium 160 males and 119 females. During the month, 16 patients have been admitted, 10 males and 6 females. Four of these admissions went to the Preventorium. Among these admissions there were three re-admissions. The admissions are classified as follows: Pretubercular 4; Incipient 0; Moderately advanced 3; Far advanced 9. The largest number of patients at any time during the month has been 281; smallest number 275. Present February 25th, 276. This includes 96 children in the Preventorium.

Swiney Sanatorium, Bayonne.

At a meeting of the staff of the Swiney Sanatorium, held on February 2, 1922, the report for the previous two years read, was as follows:

Total number of cases admitted, 712; total deaths in Sanatorium, 11; medical cases, 91; obstetrical, 161; fractures, 33; operations performed, 414, including 87 abdominal sections.

Administration of the Hospital.—A new area in the hospital world is opening. The day of self-made workers is passing. Those of the coming generation who have many advantages given them from the summing up of pioneer experience should value the interdependence of the hospital in all its internal aspects and

also as a community health center, that it may be administered as an institution in the best sense of the word.—N. E. Cadmus and M. Le Jeune, Hospital Social Service.

Hospital for Children in the Caucasus.—The Newark Evening News gives the following special cable despatch from Constantinople:

The largest children's hospital in the world has just been opened at Alexandrapol, in the Southern Caucasus, under the direction of Dr. R. T. Uhls of Fitchburg, Mass., and has been financed entirely with funds sent from America by the Near East Relief.

The hospital has 2,700 beds, housed in forty ward buildings. When fully completed by next May it will have 6,000 beds. The child patients, Russians, Armenians and Greeks, are all suffering from trachoma, a malignant eye disease which has become a great scourge to child life in this part of the world. The hospital buildings once housed three regiments of the Czar's troops. The reconstruction work is in charge of N. H. Anderson of Bridgeboro, N. J., who was formerly a champion athlete of Wesleyan University, Connecticut, and a shot-putter.

Physician or Layman as Hospital Head.—The following is part of an editorial in the Newark Evening News:

The tendency in seeking for efficiency in the conduct of institutions of the nature of our City Hospital points to a single-headed control, preferably through the appointment of a medical man with institutional training and plenty of general experience, who will be free from connection with matters that have previously produced friction and capable of keeping the professional service and business management of the institution from coming into conflict. There are many examples of the successful operation of single control, under medical men, in the great hospitals of this country. One need go no farther afield for one conspicuous proof of this than the Essex County Hospital at Overbrook, since dual management was happily expelled from there two years ago or so.

There will be little dissent on the part of those whose knowledge of hospital needs and deficiencies in this city makes their opinions on the subject valuable, from the Mayor's proposal to add to the City Hospital proper and adequate facilities for the care and treatment of certain specific classes of patients. He has mentioned as primary necessities the addition of wards for the care and observation of communicable diseases of all kinds, known or suspected, and also wards for the reception of psychopathic cases of both sexes.

In both these matters the city has been flagrantly neglectful, it must seem. There never has been good enough provisions made for proper hospital care for contagious diseases by the city, and the county isolation hospital has not been available in many instances to supply the deficiency. The conditions under which the psychopathic work of the hospital has been carried on are nothing short of disgraceful, all due to lack of room and decent facilities, especially as to the separation of patients in accordance with the peculiar nature of their afflictions.

Deaths.

JAMISON.—At Asbury Park, N. J., February 8, 1922, Dr. Charles E. Jamison, aged 36, from pneumonia.

He was a member of the Medical Society of New Jersey; county physician; physician to the Neptune township public schools.

JOHNSON.—At Stanton, N. J., March 5, 1922, Dr. Frederick L. Johnson of Stanton.

Dr. Johnson graduated from the College of Physicians and Surgeons, Baltimore, Md., in 1889.

MARTINDALE.—At Camden, N. J., on February 22, 1922, Dr. Joseph Watson Martindale, aged 57 years.

Dr. Martindale graduated from Jefferson Medical College in 1894. He was a member of the Camden County Medical Society, the New Jersey State Medical Society, the Philadelphia Medical Club and a Fellow of the American Medical Association. He was at one time secretary and historian of the Camden County Medical Society.

At a meeting of the Camden County Medical Society, held February 25, to take action upon the death of Dr. J. Watson Martindale, the following preamble and resolutions were unanimously adopted:

"Whereas—it has pleased Almighty God to remove from our midst Dr. J. Watson Martindale, an active member of the Camden County Medical Society, which sad event occurred February 22, 1922; therefore,

"Resolved—that in the death of Dr. Martindale this society suffers the loss of a brilliant colleague, the community a loyal, progressive citizen, and his patients a skillful physician,

"Resolved—that his colleagues in the profession wish to bear testimony to his gentlemanly and kindly characteristics, so prominently displayed in his intercourse with his patients and his fellow practitioners, winning the love and esteem of all who came in contact with him; and to further testify to his profound learning not alone in medicine, but in the collateral sciences; his love for music, the classics and history.

"Resolved—the Camden County Medical Society deeply mourns his departure from earthly scenes, and desires to express to his family its sincere sympathy in their great bereavement.

"Resolved—that a copy of these resolutions be forwarded to the family, and also entered upon the minutes of this society.

"Signed: Daniel Strock, A. Haines Lippincott, John F. Leavitt, Committee."

UTTER.—In Paterson, N. J., March 1, 1922, Dr. Sylvester Utter, aged 61 years.

Dr. Utter graduated from the Medical Department of the University of the City of New York in 1885. He was a member of the Passaic County and the State Medical Societies; former mayor of Hawthorne, N. J.; served as a member of the state legislature; for eleven years was director of revenue and finance of Hawthorne County; formerly consulting physician to St. Joseph's Hospital and the Demilt Dispensary, New York City.

'WARE.—In Cape May City, March 15, 1922, Dr. James W. Ware, aged 53 years.

HARRISON.—At Westfield, N. J., March 7, 1922, Mrs. Adaline A. Harrison, wife of Dr. Joseph B. Harrison. She was well known for the great amount of her charitable work. For thirty years she was president of the Ladies' Sewing Society of the Westfield Presbyterian Church; was one of the organizers of the Free Public Library, a member of the Woman's Club, manager for many years of the Children's Country Home.

Personal Notes.

Dr. John N. Bassin, Newark, has been appointed rehabilitation surgeon to the Newark Beth Israel Hospital. The doctor demonstrated an open Lorenz hip operation or chronic posterior traumatic dislocation complicating multiple fracture of pelvis at the Academy of Medicine meeting on March 28th.

Dr. William R. Broughton, Bloomfield, has returned from his stay in Ormond, Fla.

Drs. Walter E. Cladek and John M. Randolph, Rahway, have been elected physicians of the Rahway Foresters of America.

Dr. Fred J. LaRiew, Washington, has been re-elected president of the local board of health.

Dr. William F. Costello, Dover, addressed the monthly meeting of the Dover General Hospital Auxiliary on April 6th.

Dr. Charles V. Craster, Newark, is reported by the Evening News to be willing to act as superintendent of the City Hospital and continue as health officer at Newark on the same salary as he is now receiving as health officer.

Dr. Louis C. Osmun, Hackettstown, has been made a member of the Dover General Hospital medical staff.

Dr. Harry H. Satchwell, Irvington, formerly of Newark, has moved into his new home on Stuyvesant avenue.

Dr. Wm. Wallace Maver, Jersey City, announces that he has opened an office for the practice of Clinical and Therapeutic Roentgenology and Electro Medical Treatment, at 532 Bergen avenue.

Dr. Ralph H. Hunt, East Orange, recently addressed the Homemakers' Association of the Oranges on "Sanitation and the Public Health."

Dr. George F. Sullivan, Hoboken, has resumed his practice, having been incapacitated for nearly two months, with a severe attack of acute articular rheumatism.

Dr. John Nevin, medical director of the Jersey City Hospital, announces that the Tubercular Clinic, which has heretofore been held on Monday evening, will in future be held on Thursday evening, at seven o'clock.

Dr. Lancelot Ely, Somerville, and wife recently returned from a two weeks' stay in Florida.

Dr. George R. Kent, Newark, is recovering from a severe attack of pneumonia.

Dr. Alexander Marcy, Riverton, sends a

postal announcing his arrival at Gibraltar and that he is greatly enjoying his trip. He will return next month.

Dr. Elvira Dean Abell, Morristown, spent a few days in Atlantic City last month.

Dr. Inglis F. Frost, Morristown, and wife, spent a week in Camden, S. C., last month.

Dr. Henry W. Kice, Wharton, reviewed the book "If Winter Comes," at a recent meeting of the Port Oram Social and Literary Club.

Dr. J. Willard Farrow, Dover, has been appointed chairman of the local Memorial Day Committee.

Dr. George H. Lathrope, Morristown, was confined to his home last month by illness.

Dr. Joseph Gerrish Ayers, rear admiral of the medical corps, U. S. Navy, died at the home of his son, J. G. Ayers Jr., Montclair, March 21st.

Dr. J. Howard Cooper, Millstone, and wife spent two weeks last month in Florida.

Dr. Julia C. Mutchler, Dover, has been appointed a member of the State Society's Welfare Committee.

Dr. Joseph M. W. Kitchen, East Orange, favors a civic center in that city, in an article in the Newark Evening News of March 18.

Dr. Fred P. Wilbur, Franklin, who resigned as chief surgeon of the hospital there has established his office for private practice in Evans street. He was recently elected president of the Walkill Golf Club.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed.
Indiana, July	72	71	1
Kansas, October	3	3	0
Maine, July	24	25	0
Massachusetts, Sept.	39	30	9
Michigan, October	14	14	0
Montana, October	10	9	1
New Hampshire, Sept.	5	3	2
No. Dakota, July	7	4	3
Pennsylvania, July	255	238	17
Rhode Island, April.	8	8	0
So. Carolina, June	24	22	2
Texas, June	72	71	1
Utah, July	7	7	0
Utah, October	7	6	1
Wisconsin, June	55	51	4
Wisconsin, Sept.	6	6	0

National Board of Medical Examiners.

The dates for the next two examinations of the National Board of Medical Examiners are as follows: Part I and II, June 19, 20, 21, 22 and 23, 1922. Part I and II, September 25, 26, 27, 28 and 29, 1922.

Applications for the June examination should be in the secretary's office not later than May 15th, and for the September examination not later than June 1st. Application blanks and circulars of information may be had by writing to the secretary, Dr. J. S. Rodman, 1310 Medical Arts Building, Philadelphia, Pa.

Many of the women seeking aid for amenorrhea are not pregnant; the delay is due to some other cause than pregnancy.

Public Health Items.

Scarlet fever is still prevalent in some parts of South Jersey, and health authorities are using precautions to keep it from spreading.

New Jersey Cancer Week Record.

The January Campaign Notes of American Society for the Control of Cancer says: "This State has the distinction of having given the largest number of lectures of any state for which reports have so far been received. This is not surprising when it is realized that Dr. Edward J. Ill, our state chairman, practically gave up his whole practice during the "week," and addressed fifteen of these meetings himself. Lying, as she does, midway between New York and Philadelphia, New Jersey found it possible to call upon speakers from these two centers to help out. The brightest spot in the State was Paterson and the group of cities surrounding it, where a total of 40 lectures were given, attended by 50,000 persons. This work was under the excellent direction of Dr. J. C. McCoy. The Society's film was purchased by Dr. Ill for permanent use in his district."

Importance of Breast Feeding.—The younger the baby the greater the necessity of breast milk, if that baby is to live and grow into health. A recent investigation made by the Children's Bureau shows that of certain babies who had been exclusively breast-fed during the first six months of life, only a little more than 2 per cent. died during the first year, while the proportion of babies dying who had been artificially fed during the same period was about six times as great. It is plain that, as has been often said, "every mouthful of breast milk is important to the baby," and that in the first six months it is the principal safeguard of life.—Bulletin, Children's Bureau

Whole Milk for Children.—Don't skim the milk for children. Let them have it with its cream. Clean, rich, fresh milk and plenty of it makes them grow. It gives them rosy cheeks, bright eyes, strong bodies, and good brains. Each child can readily use a quart a day. Refuse the children tea and coffee, but always give them milk. Encourage them to drink it. Put it on their cereals. Pour it on the toast. Make it into puddings. Mix it into custards. Stir it into soups. Yes, use milk, and use it freely. Economize in other ways, but don't economize on milk. — Department Circular 26, United States Dept. of Agriculture.

Undernourished Children of the Rich.—The annual report of the Board of Education of South Orange, N. J., made public on February 13, declared that at least one-third of the school children were undernourished and that "a mother's care cannot be replaced by a servant's judgment." The report states that there is more undernourishment in the homes of the well-to-do than in those of moderate circumstances. The report further declares that undernourishment is the greatest evil with which the school authorities have to contend.

Venereal Diseases.—In the 217 clinics operating under the joint control of the U. S. Public Health Service and state boards of health during October, 1919, there were 9,686 new admissions and 27,334 remaining from the previous month, making a total of 37,020 under treatment. There were 97,693 treatments administered to the patients under the care of these clinics. Of these treatments 18,072 were the administration of arsphenamin.—Pub. Health Rep.

Care of the Eyes.—Children who work hard at their lessons in school should not be allowed to read excessively for their own pleasure at home during the school year, nor should young girls in most instances be urged to keep up with music lessons or other extra studies outside of school hours.—W. M. Carhart, Pub. Health, Michigan.

Syphilis in Family.—When one member of a family is found to be syphilitic, it is desirable to have other members of the family examined for possible syphilis. This should apply to both old and recent infections where there has been a possible chance for transmission of the disease either by contact or inheritance. It should be remembered that syphilis is syphilis when it occurs as paresis, locomotor ataxia, syphilis of the blood vessels, or other late manifestation of the disease, just the same as if the infection were recently acquired. Syphilis may be transmitted to other members of the family as an inheritance or by accident. It is for this reason that other members of the family of such a patient should be examined for evidence of syphilis.—Millard Knowlton, Public Health Rep.

Evolution of Public Health Work.—In the process of evolution, according to C. V. Chapin, in Health News, public health work has passed through three stages, the first dealing almost exclusively with environment. Health work was based on the idea that disease breeds in filth and, therefore, it chiefly consisted in waging a war against filth. This was the era of sanitation, the building of sewer system, and the introduction of water supplies—work of great importance, most of which has been so well done that the health officer need no longer give much attention to it, except in rural districts and small towns and villages where he still has to influence people to do away with the insanitary privy and to install a pure water supply. We have learned to discriminate between dangerous dirt and dirt that is not dangerous, therefore less attention is paid to environment than in the past; but the tradition of controlling public health through environment remains as an incubus on the health department. The second stage was concerned chiefly with the isolation of communicable diseases. In the last century, with the filth theory dominant, contagion became recognized as an important factor; it was believed that if every persons who had a contagious disease could be quarantined such diseases in time could be stamped out. We will need to isolate cases of communicable disease and probably will continue to do so, but the same stress is not placed on isolation as was given a few years ago.

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AGITATION FOR FREE CHOICE OF PHYSICIAN IN NEW YORK AND WHAT IT LEADS TO.*

Eden V. Delphey, M. D.,
New York City.

An article under the above caption was published in "The Monitor," official publication of Associated Industries of New York State, Inc., at Buffalo, N. Y., in December, 1921, and circulated as a reprint by the author, Mr. Oliver G. Browne, secretary of the Self-Insurers Association, even while a committee of which he was and is a member and appointed by the industrial commissioner, was engaged in making a survey and considering the same and numerous associated questions regarding medical work, etc., under the Workmen's Compensation Law. In commenting on this article, the writer wishes it to be distinctly understood that he has no personal or other animus in the matter; that the author may be "as good a neighbor, as kind a father, and as loving husband as ever cut a throat or scuttled a ship." The writer opposes him because his written words are inimical to the best interests of the workman as well as to those of the medical profession.

*Note: On account of the pernicious activities of some mercenary and unscrupulous employers and insurance carriers who are satisfied to fulfill merely the letter and not the spirit of the compensation laws—which have been enacted in many and which are in process of amendment in a few States—in providing medical care and treatment to injured employees, and of the ill-informed and ill-advised uplifters who are trying to force medical socialism upon the people of this country thereby destroying individuality and debasing the physician below the level of the union bricklayer and plumber, the writer of this article believes the subject to be of such importance that he is sending the article to a number of medical journals.

The writer quite agrees with the author of the article that medical service under the compensation law is the obligation of the employer and the right of the employee, but as the law is usually interpreted and administered the choice of the physician is made by the insurance carrier, although "The insurance carrier has no voice in the choice of the physician" as decided in the case of *Mezeritsky vs. Mezeritsky & Miller*, 15 S. D. R. 613, 3 Bul. 145; App. Div. 919. The most common causes of complaint of physicians attending compensation cases are the "lifting" of cases and the refusal to pay or the arbitrary cutting of the bills of the physicians for services rendered, even sometimes when the physician has been properly authorized by the employer to attend and treat the injured workman. The writer has had a number of such cases brought to his attention since he began serving on the above mentioned committee. Of course, strictly speaking, the employer has the right under the law to decide who is to attend and treat the injured workman, but has the workman no constitutional rights in the matter? The employer simply risks a few dollars, more or less, and adding it to the overhead charges of doing business, passes it along to the ultimate consumer, but the workman has his life, health, and future usefulness at stake. The New York State Federation of Labor, composed of 850,000 members, of whom 750,000 are voters, recognized this fact and the "locals" voted to instruct their delegates to the State Federation, and the latter went on record in favor of "free choice" in these cases.

The author says:

"How does the doctor figure in this problem? . . . He is not a party to it any more than is . . . or any other class of people who might be mentioned."

This is the "ipse dixit" of a man who is by profession a lawyer and by practice both a lawyer and an insurance official—secretary, Self-Insurance Association—and who under the decision of the court, quoted above, "has no voice in the selection of the physician," but he knows that it is the habit of some members of his profession to endeavor to win cases by obscuring the issue, giving half-truths, issuing innuendo, etc., when either or both the law and the facts are against them. The physician figures in this problem just as much as does the insurance carriers for whose benefit the law was not enacted, but the stock of one carrier, doing compensation work and which has two employees on the committee of the Industrial Commission, sells in the open market for 640.

"The Legislature did have in mind, according to judicial interpretation of the Compensation Law, the economic relief of certain classes of injured employees and their dependents who were becoming burdens on the community, due to the increasing number of cases in which there was no remedy at law to afford them maintenance.

According to the writer's best recollection, not only was such the case, but also because it was difficult for a poor injured workman to successfully fight a rich corporation and get justice; that he was very frequently induced to settle the case for much less than he was entitled to; and to the fact that the employers desired to avoid the annoyance of being compelled to defend legal action brought by "ambulance chasing lawyers."

"The enactment of the medical section did not give the doctor a privilege which they had not previously enjoyed, in that it assured them their pay when **properly employed.**" (Boldface type ours.)

The enactment of the Compensation Law not only did not give the physicians a privilege which they did not have before, but as the law is interpreted it deprives them of a certain amount of professional practice which they previously had by the **special choice of the patient.** It is true that the law changed the paymaster, but did that improve matters? Do not the physicians have more trouble in collecting their bills under the Compensation Law than formerly? According to the present practice "being properly employed" means either having a personal contract

with the insurance carrier or being a "sweat-shop surgeon" for someone else who has such a contract. One such contractor has 72 dressing stations in New York City and it was testified pays his employee-physicians 50 per cent. of the income which they receive from the work sent by him at \$1.50 per dressing, the employee-physician paying all the overhead costs.

"Now let it be understood clearly that the law at the present time provides and has at all times provided for absolute free choice of physician so far as the injured man is concerned. Furthermore to get the **business** (bold face type in the original) there is the fullest and freest competition permitted by the law But this competition is based on ability and merit and not on intrigue."

If the author would reverse the positions of "intrigue" and "ability and merit," the statement would be more nearly true, but the above statement evidenced a desire on the part of the author to induce physicians to engage in the undignified and unprofessional scramble for business, something the profession is very loth to do.

"There is a natural tendency to develop a specialized surgery in congested centres that is especially valuable to the two parties vitally interested in the compensation law. . . . The law which we know as the "survival of the fittest" operates to gravitate this business to such men because it is to the employer's interest to select such men."

If it is to the employer's interest to select such men as they have selected in the past—and some employers have selected such men as the 72 sweat-shop dressing stations furnish, and such as one who, doing work of 65 insurance companies in his own, appeared before the committee at one of its up-state hearings, and with whom even some of the members of the committee employed by the insurance carriers, were not at all favorably impressed—does the author think they have selected the best men? Moreover, how can there be a survival of the fittest when all the fit do not have a chance to compete? Every surgeon knows that there are no special methods of technique which are only, or even especially, applicable to so-called industrial surgery; that when a man has a broken bone there is no difference in the technique of the treatment whether it is a compensation case or not; that

when he receives an accidental wound the technique is the same whether his employer is or is not in the hazardous class, and, therefore, is insured under the compensation law.

"Anything that is short of the choice of the physician by the employer as at present, will have very dangerous results." (Boldface type in the original.)

And yet in the committee of the Industrial Commission, the hue and cry by the employees of the insurance carriers has been: "We can't get the best surgeons to do the work." Of course they can't, because the best surgeons don't want the annoyance of having cases "lifted" on them, and having their bills arbitrarily cut down by the carriers.

"The injured man would get no benefit from the change because (a) No argument that improved treatment would result can be advanced in favor of it."

If by "free choice" the best surgeons can be induced to engage in the care and treatment of compensation cases, will not "improved treatment" result?

"(b) It would not improve the standard of the medical profession."

The writer does not think the author need worry about the standard of the medical profession, as at present it is higher than the one to which he belongs and that it requires at least one year more of collegiate instruction, besides the time spent as an interne before engaging in private practice than does his profession.

"On the contrary, it would arrest the development of the specialized service now so splendidly functioning."

And yet we have the 72 sweat-shop dressing stations! And at one of the up-state hearings it was testified that an ex-butcher boy was doing the first-aid treatment by the permission and approval of the so-called industrial surgeon, the employer, and the insurance carrier.

"(c) It would not lessen, but would foster quackery and the injured man would become the subject of all sorts of absurd treatments at the expense of the employer."

(d) It would offer him as the subject for uncontrollable exploitation by unscrupulous practitioners, for there would be no incentive to prompt restoration to usefulness and health."

Does the author not know that the medical profession is the most altruistic

one on the face of the earth; that the good of the patient is always the first interest of the physician; and that he is continually giving his best efforts without hope or expectation of compensation in poor and needy cases? Does the author think that under "free choice" the injured workman could be any worse off than he is now when under the present system of sweat-shop dressing stations and contract surgeons the tendency is to return the man to work sooner than is advisable? We admit that any exploitation is an evil, but which is the worse, to exploit the employer's pocket-book—if such really is the case—or to exploit the poor workman's life, health and future usefulness?

"Then other medical groups or 'services' would be built up depending not on getting business from an employer or a labor union, but upon intrigue or sociability, or politics, as the opportunity might offer. The so-called lodge doctor or contract physician would be in evidence—securing to the workmen and their familiest **cheap** medical service, but depending largely on securing injury **business** thereby, and recouping from the employers. Imagine the position of the honest employer or worthy employee whose interest is committed to such men."

Is not the contract physician in evidence now? And is the author fearful that someone will compete with the men already in the business, one of whom is advertised in the mid-January number of an insurance journal with not only two and one-half (2 1-2) pages of text, but also with a portrait of the "contractor" and nine and one-half pages of halftones of views of his place?

"Here and there in the medical profession is to be found a doctor displeased with present conditions. . . . Unfortunately the medical societies, because of dissatisfaction of a few, are with the labor unions in seeking a change."

Not only here and there, but everywhere, the "doctors" are dissatisfied with the Workmen's Compensation Law, as it has been interpreted and administered in the past. The medical societies are rightly and justly seeking a change of conditions, not only for themselves, but more especially for the injured workmen. The "doctors" and the labor unions see and know the evil effects of the defects of the law and very properly

seek to change it so that it will more nearly accomplish what the legislature intended it to do.

Numerous medical societies have carefully considered and thoroughly discussed the subject of free choice of physician under the Workmen's Compensation Law in all its phases, but more especially from the point of view of the best interests of the men who have the most at stake, the workmen; and they heartily approve of some such amendment to Section 13 as that introduced by the writer. He desires to call attention to the fact that this amendment does not give absolute free choice of physician, as there is nothing absolutely free in this or in any other country. We have no absolutely free speech, free press, or free anything else; everything is regulated according to the best interest of society. The writer distinctly specified in the suggested amendment: "under the supervision of the Commission," and he suggested to the Commission and to the committee the employment of a small number of consultants who should visit cases suspected of not receiving the best treatment, observe the method employed, and act as a consultant when desired. Mr. Miles Dawson, attorney and actuary, was the legal adviser of the governor in the matter when the Workmen's Compensation Law was under preparation for enactment. He took a large part in the drafting of the law; and he was the attorney for the Hon. Jeremiah O'Connor who, under the Act of the Legislature in 1919, made a very thorough investigation of the administration and working of the law and submitted twenty-six recommendations for its improvement. Mr. Dawson is strongly in favor of free choice of physician and so stated before the Knight Recodifying Committee of the Legislature this year and before the Workmen's Compensation Commission, declaring that this method of procedure with the consultants would more than pay for itself in reduced costs for medical service.

Suggested Amendment to the Workmen's Compensation Law.

Section 13, Treatment and care of injured employees:

The employer shall promptly provide for an injured employee such medical, surgical or other attendance and treatment, nurse and hospital service, medi-

cines, crutches and apparatus as the nature of the injury may require during sixty days after injury; but the commission may where the nature of the injury or the process of recovery require a longer period of treatment, require the same of the employer. (If the employer fails to provide the same, after request by the injured employee, such injured employee may do so at the expense of the employer. The employee shall not be entitled to recover any amount expended by him for such treatment or service unless he shall have requested the employer to furnish the same and the employer shall have refused or neglected to do so, or unless the nature of the injury required such treatment and services and the employer, or his superintendent or foreman having knowledge of such injury shall have neglected to provide the same). **An injured employee shall have the right to choose any physician duly licensed to practice medicine in this state to attend and treat him for the injury as hereinbefore provided, subject to the supervision of the Commission.** All fees and other changes for such treatment [and] services, **medicines, crutches and apparatus** shall be subject to regulation by the commission as provided in section twenty-four of this chapter, and shall be limited to such changes as prevail in the same community for similar treatment of injured persons of a like standard of living.

The writer believes that when a sovereign state certifies in due and proper form that a person is properly qualified to practice medicine and surgery, no act, of the legislature should deprive him of the right to so practise in any and all cases when and where the sick or injured man chooses him so to do.

IS THE DOCTOR BETTER THAN HIS PATIENT.

By Chas. J. Whalen, M.A., M.D., LL.B.,

Editor, Illinois Medical Journal.

Chicago, Ill.

That highly esteemed Journal, the Literary Digest, for January 29, 1921, republishes from the Medical Review of Reviews, an article entitled "Bad Patients Make Bad Doctors." The article would seem to make the doctor the scapegoat for all the faults and follies

*From the March Issue of the Medical Review of Reviews.

of the patient and then by way of consolation to absolve the doctors from any ethical lapse by making the patient the scape-goat of the physician. The article is worthy of comment from medical journals.

Medicine like law and ministry is known as one of the ancient honorable and learned professions,—and so it is. However, there is a wide, not often expressed, but deeply felt sentiment among certain people that the doctor requires of his patients what the lawyer requires of his client and what liberty does of the patriot: constant watching.

There was a time when the doctor occupied an endearing place in the hearts of the people, but with the changing conditions of affairs, and the readjustment of business after the world's hysterical debauch a new relationship has been entered into by the doctor and patient.

We might as well meet the issue: people no longer implicitly believe in the doctor. Let us state why,—for three reasons: because the nature of his work, the character of the patient, and frequently the character of the doctor. These three powerful causes in the very nature of the human constitution have been, are, and will be forever busy in undermining the standing, reputation, honor and confidence that ought to be due to the medical profession. The clergyman is called to comfort in that solemn hour when worlds are to be exchanged. Fear and gratitude have given him first place among men. The doctor is hastily summoned into the thickening shadows of the chamber of sickness. For his skill and power and final success in warding off the king of terrors from that loved one, he has at least for the time being the profoundest gratitude of the heart.

While there are members of the clergy who have proved recreant to their sacred trust, and while there are doctors who have given sham and falsehood for the gold of their confiding patients, still so long as men believe that earth is not all—so long as love and friendship continue to bind their gleaming cords about companions to keep them here, just so long, because of the nature of his work, will the man of God minister in at the altar, or the man of medicine, ministering at the bed of suffering, continue to receive the reverence, the admiration, and the best gifts at the com-

mand of worshipping suffering mortal men.

To say that some doctors are not the victims of environment would be foolish. The vicious element of the community hires the doctor not out of generosity, not out of gratitude, but out of necessity. When the evil of the human heart is eradicated, and all the wrongs in society are righted and when disease no longer exists, then, and not until then, will the office of the physician be locked.

The physician is given his employment and pay and the nature of his work by his patient. His field is the world as he finds it. Immortality and criminology may pay but never honor their servants. Ignorance and suspicion, never honor their medical men.

The character of the patient and the nature of his ailment determine the character of the doctor. The patient makes the doctor; not the doctor the patient. When we reflect upon the disposition of some patients of criminal intent to avail themselves of the services of the doctor to aid them in wrong or in escape from punishment, and upon the ingratitude and suspicion of the ignorant and base patient, together with the unprofessional conduct of many doctors, we can in a measure understand the low estimate of the medical profession which the public occasionally forms.

Doctors will stay with the people. As the people rise or fall in moral tone—so will the doctors. The medical moral thermometer indicates the moral temperature of the people.

We have stated the historic and philosophic elements out of which is formed the doctor's character. Just as one has no right to expect the creature to be better than the Creator, just so it is preposterous to consider the doctor better than the patient.

But, I have conceded enough to explain the unfortunate reputation of the doctor. Candor requires us to go no further. On this occasion or anywhere I lay down this proposition, (the philosophy of which I may not pause to state—thought it may seem not to have been deduced from the principles of philosophy); but whose truth I do not hesitate to affirm; "the medical profession is better than its patient." The doctor is more under the sway of reason and conscience than is the patient. "Ah, yes!"

you say, "it is easy for the doctor to be generous and fair—he has little at stake while the patient has much."

We have seen a physician in Chicago when the tuition at school of one of his children was unpaid—when the wife and little family were beginning to feel the clutch of poverty—when a brilliant daughter could not be decently appareled; we have seen that doctor under these circumstances approached by a rich patient, and requested to do an illegal operation for which he would receive a large fee, but which would require him to forfeit his self respect. For a brief time he sat in silence, when emotion struggled in his breast. Then we saw him rise in the majesty of his moral might. He said: "I need your money, I would sacrifice my life for my family, but I will not return to them robbed of my honor and manhood, though gold were in my hands."

That resolute doctor is not alone in Chicago or anywhere else. He has thousands of ethically-minded medical peers. You give the superintendent of any of our hospitals, pencil and paper and he will write down the names of many men practicing in his community who are as pure as gold tried in the fire. And what is the history of the profession?

Medical history is filled with the names of great practitioners whose ethical standards are the foundation stones upon which have been builded the moral integrity of the country. People though for all time to come shall read of the matchless integrity of American doctors everywhere pleading for the right against the wrong.

They have been pioneers far in advance of the church even in time and even tone, on great moral issues involving individual rights. These medical champions, more than has pope or minister, have come into vital contact with men through the working days of all the years, and so have wrought out principles which give rich meaning to life in these early years of the twentieth century.

It is true that to live the medical profession must court and have a paid constituency but the charm of high born souls is that the path to true medical distinction lies not in the low lands of deceit, but runs along mental heights into the pure air of truths and under beckoning skies of loftiest purpose.

The mission of the doctor finished?—it has only begun.

Cruel, titanic forces are manifesting themselves today in the medical, economic, social and industrial world,—forces sufficient to crush the individual under former or present conditions. Yet in some way, we know not how, he shall not perish. This is preparing the leaders for this irresistible conflict to take place in the near future, and we can tell you who they are. Those men and women whose intellects are trained to distinguish between the finest shades of right and wrong, and to repel the wrong with a prompt response and with the speed of lightning, and who with minds equipped, inspired and warmed with unselfish zeal, shall utilize the dominant, (not threatening), physical and spiritual forces of earth to the greatest happiness of mankind.

All worlds are ruled by law and justice—without law and justice nothing can exist.

We believe that those men and women who set themselves apart for a severe study and conscientious leadership for moral right are in the royal line for responsible leadership. The government of the future shall be upon their shoulders.

POTTER VERSION: ITS INDICATIONS AND CONTRA-INDICATIONS.

By William J. Harman, M.D.,

Trenton, N. J.

I have been requested to read a paper on "Potter Version" on account of the many favorable and unfavorable opinions of this method of child delivery. Have titled this paper, Indications and Contra-Indications for Potter version, and hope by its discussion before this society, we may be able to "clarify the air," and place version in the position of a wonderful adjunct to the successful delivery of babies, along with forceps, rotation of head, cesarean, etc.

For the benefit of those who have not read of or seen version performed I will read a description of the same as performed by Dr. Potter of Buffalo, N. Y.

The patient is usually placed on a kitchen table in a private house, but we have been compelled to use a steamer trunk, low bureau and a small flower

stand. The patient is placed in a modified Walcher position with the legs extended and the feet resting on the seat of two chairs. The patient is chloroformed to the degree of surgical anaesthesia to insure complete relaxation.

Before thoroughly cleansing the external parts I place in the vagina a piece of gauze saturated with Lysol solution to prevent infection, after which the patient is shaved and thoroughly cleansed with green soap and Lysol solution. The bladder is catheterized, which is very important and should be done irrespective of the patient, having recently passed urine. The gauze is then removed.

With a short glove on the right hand and a long elbow glove on the left you proceed to iron out the vagina by pressing downward and backward on the posterior vaginal wall from the cervix to the outlet of the vagina, first with one finger, then two fingers then three fingers, then finally four fingers, after which you can introduce your closed hand. This ironing out process is done with sterilized tincture of green soap. This requires from five to ten minutes, no version is performed without a complete dilatation or easily dilatable cervix and preferably unruptured membranes, the left hand is then introduced through the cervix and the membranes are separated by a sweeping motion from the uterine wall avoiding placenta, you are then able to obtain an accurate position of the baby's head by the ears. The left hand is then carried high up to the thighs; you then rupture the membranes sliding the hand down along the thighs to the feet both of which are grasped with gentle traction, the feet are drawn down and with the right hand the head is pushed out of the pelvis, traction is then continued until the knees reach the vulva. Version is then complete.

Rest a few moments. Traction is then made until the back of the child is under the symphysis pubis and the scapula of the less resisting shoulder appears, the fingers are then slipped over the anterior shoulder, thereby delivering the arm over the chest. The body of the child is then rotated by the hands until the posterior scapula appears anterior and the arm is delivered as the preceding arm. The fingers of the left hand are introduced into the baby's mouth with the body resting upon the opera-

tor's left forearm, flexion is produced and with the right hand, or with the aid of an assistant, the head is pushed down into the pelvis. After the face appears at the vulva outlet the mouth is cleansed of mucus, plenty of time is taken in the delivery of the after coming head, so as to avoid lacerations, which seldom occur, or are of a mild degree, due to the previous ironing out of the vagina; the child is then placed on its right side on the mother's abdomen, covered with a blanket and allowed to remain until the cord ceases to pulsate, which lasts from five to twenty minutes. No spanking or manipulation of the child is necessary to resuscitate, as this will occur eventually.

The patient is then given one c.c. pituitrin in a muscle. The placenta is allowed to be expelled spontaneously, on an average of from twenty to thirty minutes after delivery. Under indications for Potter version will class positions of child under heads of: first, L. O. P.; second, R. O. P.; third, transverse; fourth, arm presentation; fifth, placenta praevia eclapsia; sixth, dead foetus where slowness of delivery will give less or no lacerations than a forceps delivery.

I have purposely omitted breech presentation for the reason that version does not give good results for the child on account of the child being in extension instead of flexion.

Under contra-indications have classed: first, normal delivery, which I still believe that every woman should have the test of labor; second, undilated cervix; third, contracted pelvis; fourth, funnel-shaped pelvis; fifth, over sized child.

No version should be performed without some idea of pelvic measurements, position and size of child; disregard of these facts will lead to disaster as losses will occur, caused by difficult delivery of the after coming head.

Following is the history of some cases in which version was performed

Case 1—Mrs. W., age 28, primipara, L. O. P. presentation forty hours dilation, performed version, delivered a eleven pound boy. Took about twenty five minutes, child alive and mother got along nicely.

Case 2—Mrs. N., age 21, primipara, 50 per cent. albuminuria, induced labor, solid bougie at 3 P. M. ,December 1, 1920. Five minute pains at 11 P. M., at 12.30 A. M. December 2, started delivery

Presentation R. O. P. child delivered at 1 A. M. alive. No eclampsia developed. Mother and child did nicely.

Case 3—Mrs. M., multipara, first child delivered with forceps, second child delivered by version, L. O. P. membranes unruptured and protruding while ironing out vagina, delivered in fifteen minutes. Eight pound baby. Both mother and child did well.

Case 4—Multipara, twins, breech presentation, both born children alive.

Case 5—Primipara age 33, living child three suture lacerations.

Case 6—Mrs. C., January 21, 1921. Primipara age 35, gray hair, prematurely old, contracted pelvis, membranes ruptured without pain. At 5 A. M. pains followed immediately, full dilatation at 3 P. M., baby born at 3.30 P. M. Three stitch laceration. Delivered child as far as head, found head transverse occiput to the left, chin to the right, pushed occiput up to get flexion, when my assistant pushed head into pelvis. Baby alive, mother did well. This would have been a disastrous case with forceps. The same patient is again pregnant the outcome I cannot tell as yet.

Case 7—Mrs. L., multipara, age 31 full term, delivered in twenty minutes, no lacerations, baby had hydrocephalic head. Child weighed $16\frac{1}{4}$ pounds.

I have delivered about fifty cases by the version method, and have learned that it is very essential that you make pelvic measurements, ascertain position of child and its approximate size. Out of these fifty deliveries I have lost three babies.

A TRAUMATIC HIP CASE OF INDUSTRIAL ORIGIN.*

By John N. Bassin, M.D.,

Rehabilitation Surgeon, Newark Beth Israel Hospital, Late Chief Surgeon N. J. State Rehabilitation Commission.

Newark, N. J.

"Lorenz Hip Operation Modified to Shorten Period of Temporary and Decrease Permanent Disability."

Patient, a carpenter, 48 years old, crushed under a heavy shute, was taken to a hospital with a dislocation of the left hip complicated by multiple frac-

tures of the pelvis. Discharged from that institution after several months to home on crutches and a high shoe for the foot of the unreduced dislocated extremity. Examination revealed a $4\frac{1}{4}$ " shortening an adduction contracture deformity, patient unable to sustain the slightest degree of weight upon the affected member, suffered of great pain



Before Operation.

constantly, especially when attempting to accommodate the hip in sitting or reclined position, sleep was impossible without opiates. Shadowgraph confirmed the osseous distortions of the pelvis and hip, the acetabulum ablated the acetabular fossa reduced to a mere shell the dislocated femoral head resting upward and backward upon the ilium.

After an unsuccessful attempt at manual reduction under anaesthesia the head neck trochanters and upper 2" of the shaft were exposed through a 12" incision. The destroyed acetabulum now offered but scant success for an expected arthrodisis and as the femoral head had already found a firm support in a newly formed fibroplastic pseudocapsule, the Lorenz principle suggested itself with modifications. This was not an ideal case for the fork operation with an angular osteotomy much below the lesser trochanter; the sharp edge of the lower fragment not being safe for reposition into a vestige of an acetabulum which the examining finger would readily deposit in the pelvis, there was also too much shortening a priori to risk any further loss of the shaft length.

I therefore elected the osteotomy through the mid-intertrochanteric line at right angles to the shaft fracturing the

*Reported and demonstrated before the Surgical Section of the Academy of Medicine of Northern N. J., March, 1922.

last $\frac{1}{4}$ of the bone thickness with a twist that brought the lesser trochanter outward, thus utilizing it as a pivot to obtain the ready filling of the serrated border of the acetabulum and what was left of the fossa as the lower fragment was forced upward and adducted.



After Operation.

The insertions of the Glutius Medius and Minimus were then severed, allowing the upper fragment to approximate the shaft without a gap which in the original fork operation takes a long time and much callus to bridge over. The insertion of the Glutius maximus below was left in situ. The accompanying x-ray prints demonstrate the original lesion and the result after the operation. The post-operative x-ray was taken five weeks after the operation and the patient then allowed to be up on crutches, the plaster spica having been removed at the same time.

The patient has discarded crutches two weeks thereafter and is getting along comfortably with an elevated shoe and an occasional use of a cane. He can support his body weight on the affected hip without pain; the discomfort incident to the limitation of motion at the reconstructed hip is gradually disappearing as there has already occurred a 25 per cent. gain in the excursion of the joint. This man should soon be able to engage in a gainful occupation in spite of some degree of disability.

Personal Influence.—Others are affected by what I am and say and do. And these others have also their sphere of influence, so that a single act of mine may spread in widening circles through a nation of humanity.—William E. Channing.

INFANT WELFARE WORK.*

By Joseph H. Marcus, M.D.,

Pediatrist to the Atlantic City Hospital; Jewish Seaside Home; Bamberger Home; Baby Welfare Clinic.

Infant welfare work is not only a philanthropy, but in addition it is preventive medicine in Diseases of Children, and because it is so medically effective this humane welfare work, not only should command your unreserved encouragement, but furthermore should merit the entire and unlimited support of the community as a social benevolence. Every baby is entitled to be well born, and coming into this world, not of its own accord, has a just right in demanding the best possible hygienic surroundings, and the proper food for its maintenance and growth. For the more fortunate and the intelligent, the physician and the pediatricist is at their call, but what of that great number of mothers who find this sort of advice an expensive procedure, and who are exceedingly willing and eager to do the utmost for their babies? Hospital dispensaries would seem to be the answer to this problem, but to the average mind of the above-mentioned class of mothers, the hospital is a place for the sick, and not for the well baby, and so these unfortunate babies continue to grope their way from infancy to childhood, and into the stage of adolescence not all being successful in passing the boundary line that leads from infancy to childhood. Budin, who inaugurated the welfare conference, has solved this problem to a very great extent, and in our own State of New Jersey, the introduction of these baby welfare clinics by Dr. Julius Levy have proven to be highly efficient, and with exceedingly gratifying results.

The advent of our welfare clinic in Atlantic City has been instrumental to a very great extent, in removing this blanket of ignorance, the continuance of which solely depends upon your further splendid co-operation with the same persistency and perserverance of effort. Parents as a rule are more or less ignorant concerning the management of their children, but they are anxious and willing to do the best things possible and

*Part of Address before Annual Meeting of Child Federation at Chalfonte Hotel, March 22, 1922.

will gladly carry out suggestions if we are given the opportunity to enlighten them. The establishing of the baby clinic is serving this purpose to an admirable advantage, and as a result of which the baby is not robbed of its birth-right. The more independent class of parents are recognizing the value of periodic medical supervision, in that they are but insuring their baby's health and future welfare under a policy of Preventive Medicine, and it is an unpardonable injustice to any infant or child to slight or neglect in any manner, its physical or mental welfare. The plants and the flowers in the nurseries, the vegetables in the gardens, the cattle on the farms, all receive greater care and supervision than the average infant or child, and for that matter this also applies to the adult. How many mothers, without any positive indication, deprive their nursing babies of breast milk, and administer cow's milk or one of the various other foods instead.....Do they know that an artificially fed infant is six times as likely to die than is a breast-fed infant. There is no perfect substitute for mother's milk, and the answer is the many and variegated foods found on the shelves of the drug store, and here let me emphasize the axiom "that cow's milk was primarily intended for the stomach of the calf, and not for the delicate and sensitive stomach of the nursing baby.

This is one of the ever-dominant points given extreme force of utterance both at the baby clinic and in private practice, and I well know that I have incurred the dislike of some mothers that the process of weaning be forgotten for the time being. Those of the more intelligent classes, who prefer not to nurse their infants, give as a reason that the study of artificial feeding has led to such perfecting of the methods employed, that the best artificial feeding directed by the most carefully trained physicians gives results sufficiently good to make this a safe method. These same mothers in rearing their children, would hesitate to violate any other hygienic principle, when such violation would diminish six-fold the chance of their surviving. Only gross ignorance of the facts can explain their desire to incur such a risk. The desire of the mother to be relieved of the trouble and the con-

finement, incidental to nursing is not a sufficient reason for resorting to the bottle.

Many of you are but partially acquainted with the work that goes on, after passing from the hands of the nurse, to the consulting room, and before any advice is attempted, we try to impress the mother, that the physical development of her baby is essentially the product of three considerations, namely, heredity, environment and food. The first of these is entirely beyond the scope of the physician to alter; the question of surroundings is largely within his control; while the feeding of the infant can be wholly placed under his control. The medical advice given a mother at a well baby clinic cannot be sharply defined, as it is often adapted to the individual baby, rather than to a group. Some points regarding feeding instructions may be detailed.

The feeding interval is four hours, at times three hours, but never less than three hours. Unsweetened boiled water is prescribed between feedings.

After each feeding the mother is instructed to place the child over her shoulder, and pat the baby's back, so that gas may be eructated from the stomach with the child in the upright posture. The mothers seldom complain that the baby suffers from severe colic, after proper feeding with the above instructions.

Breast feeding is insisted upon to the ninth month. A formula is never prescribed until it has demonstrated by the weight curve, and by examination of the mother, that the supply of milk is nil or insufficient. If any breast milk is available, it is used, and complementary or supplemental artificial feeding are employed. The value of milk and a well balanced diet for the mother is emphasized. The artificial formulas prescribed are for the most part simple water, or barley or oatmeal water dilutions of whole milk, with the addition of table sugar. For certain babies other formulas are necessary and other forms of sugar are used. According to indications, the formulas are boiled after being mixed, or may be used without boiling the milk. Because of inaccuracy, the practice of preparing single feedings is banned, and the entire 24 hour mixture made up at one time. The nipples and bottles are to be sterilized by boiling.

Cereal in solid form is advised after the child is 6 or 7 months old; also small amounts of vegetable broths, and orange, prune or tomato juices, given one hour before a morning feeding. Simple printed diet lists for older infants are available, and the use of a plain, well balanced diet is urged, and no attempt made to give a wide variety of foods. After the third month daily administration of orange juice is given, or if not feasible, then three times a week. A combination of cod liver oil and phosphorus is advised for all rachitic children, and for most of the colored children after they are four months of age.

The conclusions drawn from welfare clinics are summarized as follows, by Drs. Powers and Knox of Baltimore:

Standardized medical supervision of children, under three years of age, in conjunction with home visiting and instruction by nurses, is highly effective in the reduction of mortality.

The reduction in the death rate is most striking in malnutrition, summer complaint and dysentery.

Deaths from infections of the lungs in children under three years of age may be slightly reduced by the promotion of good nutritional development. In colored children, the prevention of rickets by the use of cod liver oil reduces the occurrence of diseases of the lungs.

Of the other diseases in infancy as the cause of death, diphtheria and syphilis offer the greatest opportunities for the application of preventive and curative measures.

One of the most valuable services a nurse engaged in public health work can contribute to the cause of the prevention of disease and death in children is to teach mothers to keep their children under competent medical supervision.

DEDICATION EXERCISES OF THE TWO NEW PSYCHOPATHIC BUILDINGS, NEW JERSEY STATE HOSPITAL, TRENTON, N. J.

Named in Honor of Dorothea Dix and
Stewart Paton.

Held on the 21st of October, 1921.

GREETING BY

Henry A. Cotton, M.D.,

Medical Director of the State Hospital,
Trenton, N. J.

The Greeting which was to have been extended by Mr. A. D. Forst, President

of the Board of Managers, was given by Dr. Henry A. Cotton, Medical Director, as follows:

Ladies and Gentlemen.—On behalf of the Board of Managers of the New Jersey State Hospital at Trenton, I take great pleasure in welcoming you to the dedication exercises of our two new psychopathic buildings named in honor of Dorothea Dix and Dr. Stewart Paton. The erection of these buildings marks a decided departure from the usual type of construction of state hospitals and it is fitting that the State Hospital at Trenton should lead the way in this particular field. This hospital enjoys the distinction of being the first state institution established on a scale which has marked similar hospitals throughout the country since then.

It was entirely through the efforts of Dorothea Dix, the great philanthropist, who, after much painstaking work in the pail and almshouses, accumulated sufficient data to memorialize the legislature in this state so that an appropriation of \$60,000 was obtained for the erection of the present main building. This was ready for occupancy in 1848. Her interest never lagged and what she succeeded in doing in New Jersey was duplicated in twenty-two states. She considered this hospital as her first-born and in her declining years lived at the hospital as a guest of the Board of Managers until her death, July 17, 1887.

Dr. Charles H. Nichols, her life-long friend, apprising her English friends of her death in a letter to Dr. D. Hack Tuke, closed with this fitting tribute, "Thus has died and been laid to rest in a most quiet, unostentatious way the most useful and distinguished woman America has yet produced." And we might add that her work has not been equalled by any man or woman since then in the field of philanthropy.

Upon the establishment of large state insane asylums, while there was a marked improvement in the treatment of the insane, there were several disadvantages. In spite of the fact that many asylums changed their names to hospitals there was little resemblance to hospital treatment in the majority of institutions. The traditional fear of the insane was the cause of the generalized use of mechanical restraint and very little attention was paid to the medical needs of the patients. With a realization that the truly

medical side of the problem should be emphasized these new psychopathic buildings were conceived and constructed with the result that we occupy the unique position today of having connected with the State Hospital a general hospital both in point of construction and organization. The three operating rooms are run on the same principle as operating services in general hospitals. The surgical wards will compare favorably with any other hospital, and by means of segregation these patients can be more conveniently treated than ever before. Many of the patients are admitted to the psychopathic wards and do not have occasion to see the old wards during their residence there.

We would emphasize the fact that while there have been psychopathic hospitals erected in other institutions, they do not fulfil the requirements of a general hospital service such as we are fortunate enough to have here.

It might be well to add that our organization is also very broad and includes specialists in other lines who can benefit our patients by their expert knowledge. This would include the laryngologist, gynecologist, gastro-enterologist, genito-urinary surgeon, and of course the dentist and roentgenologist, so that now it is possible to conduct an accurate and systematic survey of every patient admitted. As an adjunct to the work we have a well-equipped clinical and pathological laboratory.

We sincerely hope our efforts of a proper diagnosis and treatment of the psychosis have not been in vain and that with the erection of these buildings we will point the way for other institutions to a realization of the necessity for psychopathic wards connected with other state hospitals in the country.

ADDRESS BY

Hubert Work, M.D.,

President, the American Medical Association

It affords me the greatest pleasure, personally, and the American Medical Association is complimented by your invitation to have some one represent it on this dignified occasion.

Medicine has been so amplified in recent years, and has become so comprehensive in its application that we no longer think of drugs first and other agencies afterward, or not at all. The patient's immediate safety and well-being

became our first concern and the evolution of the hospital followed to supply this demand. When mental derangement was finally recognized as a symptom, the treatment of it instantly gathered to it all that was known in medicine with the additional necessity for hospitals with scientific equipment.

The treatment of the psychoses is surrounded by medical science and not set apart from any part of it. We no longer mistake the shadow for the substance; treat symptoms only and wait for nature to relieve their cause, but psychopathic hospitals are not the general hospital because they treat all diseases, including those complicated by mental derangement who are excluded from obstetrical, surgical or sick wards; specializing in the refinements of scientific analyses of mental processes.

Insanity, once called lunacy, because of its supposed influence by the moon, has waited long for an adequate definition, certainly since the time of the great Blackstone, who said of it, "I have searched all authorities and my own mind for a definition of insanity. I do not believe it is humanly possible to frame one."

Physicians, however, realizing that it was an abnormal state, set up negatively that it was the opposite of sanity, which then compelled that sanity be defined. It was found that the term "sanity" was not applicable to all in mental health, without qualification, because mentality is as varied as human faces. Both the origin and direction of mental processes in health are inscrutable and it is not believed that the human mind will ever thoroughly understand itself.

This statement would not, I realize, qualify me as a psychoanalyst had I not indeed already been disqualified by natural limitations. However, a working definition of sanity has been agreed upon, the test of which is the "ability of an individual to adapt himself to his environment" qualified by collateral considerations as age, sex, race and education.

An individual then, unable to qualify by these tokens is regarded as insane and falling under one of the many sub-heads in which our brightest psychiatrists have indulged themselves for many years past. All of them without interest to fundamental law and superficial lawyers, but of profoundest con-

cern to jurists and scientific medical men, and most of those so afflicted requiring custodial, scientific and instinctive treatment.

The question asked centuries ago of "who can minister to a mind diseased or pluck from the heart a hidden sorrow" is being answered every day by psychiatrists. They are doing it out of sight, or public advertisement, but there is no pleasure so keen or human reward comparable to watching the tired, deranged, melancholy mind of a mother rearranging itself. The stealthy return of lost hope and eventually her re-establishment in the home, her children's gateway to heaven.

A state's largest single appropriation is for those of incomplete, obscured, or waning mentality. They constitute the by-product of humanity, for which there is no economic use, yet cannot be cast aside or left unprotected. Theirs is a legacy or an inheritance of disease or of traumatism which they cannot unaided support and we who are strong must bear their burdens. During this period of world re-adjustment we often hear expressions of hopelessness and distrust of humanity and its motives. These come from those of us who have grown older and are unable, or unwilling, to readjust to a new order of things, but wait rather for the return of the old, which will never come.

No thoughtful person believes that the vicious outnumber the virtuous, or that the preying criminal ever will overwhelm the praying Christian, in these United States.

Great institutions, like this one, which we have met to dedicate to the cause of human sympathy and consecrate to the co-ordination of the aberrant soul with its human body, to protecting the tene-ment, its tenant having fled, disproves the arguments of the materialist and shames the selfish.

Maybe this is sentimental. Perhaps the soul of man is only a sentiment. Possibly the conception and development of this and similar great institutions had emotional birth. If so, sentiment shall save a people for "as a man thinketh in his heart so is he."

The great superintendent of this institution did not win his national fame from practicality alone, but from his vision, for it continues to be true that

where there is no vision the people perish.

The founder of the greatest clinic known to medical history organized in one of our western states recently said, "I have always claimed that we succeeded from the heart rather than from the head." Truly, every achievement is the shadow of a man. Those cast by this hospital grow longer and broader, indicating the evolution of man, the march of civilization and the clinging influence of the great physician who came to save.

This institution, old in years but kept young through its hopes and aspirations, being constantly modernized, often pioneering into new fields, is an expression of the public mind of the people of New Jersey, a composite picture of their social morals, their charity and Christianity in its broadest sense, and it is as well a monument to the most advanced civilization of her people.

For the moment, speaking for the organized medical profession of the United States, almost 100,000 ethical, earnest men and women, I congratulate the people of New Jersey, compliment its medical profession and approve the direction, length and the number of steps it has taken towards ministering to minds diseased.

ADDRESS BY

Albert M. Barrett, M. D.,

President, the American Psychiatric Asso'n.

An occasion such as this has a significance that is important not alone as an evidence of the progressive interest shown by this state in the development of its own hospitals for mental diseases, but it is one of a number of incidents that have taken place throughout this country in recent years, that show that public institutions are impressed by the feeling of need of making their work and facilities more widely of service to the state in directions not hitherto followed and of adapting their organization to many new problems of medical and social relations that have been brought into the foreground in recent years. About 25 years ago there began in this country a notable renewed interest in psychiatric medicine. This took form in a few hospitals in a marked improvement of standards of their medical and psychiatric work, a more systematic

study of their patients, and the establishment of laboratories for scientific research as an essential part of their institutions. From these hospitals there spread a widening circle of influence that forced attention to the needs of special hospitals for psychiatric research and teaching in connection with medical centers.

As the usual state hospital for the care of mental disorders had been assigned to quite specific problems that had grown out of their development along traditional lines, that had been shaped to meet urgent problems in which custodial problems had to be kept in the foreground, it was felt that the needs that were now presented could only be met by the establishment of an entirely new type of hospital. It should be an institution that should care for types of mental disorders that were not provided for in existing state hospitals and emphasis should be placed upon observation, diagnosis and research rather than custody or prolonged treatment. It should, if possible, have close relations with an educational center and utilize its facilities in providing psychiatric instruction to medical students. Such an institution came to be designated as a psychopathic hospital.

The first unit of this type was established at Ann Arbor in 1905 in connection with the University of Michigan. A few years later other psychopathic hospitals or clinics were established in Boston and Baltimore, and there are now in process of completion similar types of hospitals in Iowa City and Chicago.

The policy and field of work of each of these institutions has been developed to meet special facilities that they possessed or from problems growing out of their situation. In some, emphasis was placed upon teaching and treatment, some had to serve the needs of a municipality and others those of a state as a whole.

While there is needed in every state a state psychopathic hospital as an independent unit, many of the activities that have been developed in connection with these organizations can well be carried on by special arrangements in the large state hospitals already established.

It is, I infer, for purposes such as these that the excellent buildings, whose open-

ing we are now celebrating, have been established at this hospital. In assuming the functions that characterize the modern psychopathic hospital, the state hospitals for mental disorders depart from the limited field of operation that has been traditional and enter into new relationships. The possibilities of useful service that are opened up by this step raise the question as to just what should be the field of work for a modern state hospital for mental disorders, and what should be its relation to mental disorders as problems of public health. The modern hospital for mental disorders, if it is to keep pace with advances in medical and social progress, must get beyond the restricted field it has hitherto occupied. It must recognize that in dealing with mental disorders we are concerned with the effects of complex influences that have determined the psychiatric problems of the individual when he enters the hospital for treatment. No one cause can be held entirely responsible for the breakdown of the mental health of the individual patient. We are concerned with forces that have determined the physical and mental constitution of the individual. Some of these have had their origin and shown their effects long before the birth of the individual, others have come from the environment in which he has been raised and has lived. We are concerned with factors that go to make up his character, the influence of affective forces in shaping his habits and ways of handling life's problems. We are concerned with the effects upon his constitution and character of physical and nervous disease. All of these in complex inter-relations and quantitative differences have shaped the symptoms and the personality of the patient the hospital is called upon to treat. As one bears these matters in mind and surveys the facilities that are available for, in any way influencing these for the better, one cannot escape the conviction that we are making but a very ineffective attack upon the entire problem.

Involved in the problem of mental health are the most far-reaching relationships that effect our whole social and national life and ramify in ways that can only be vaguely appreciated. No other agency except the state hospital with its accumulated experience is at the present time so well fitted for aiding

in much that is involved in this problem.

If the factors that are causing mental disorders have been active all through the life course of the patient, then they have paralleled these problems of treatment and could the seriousness of these have been appreciated by the individual or his family or had the state been mindful of these, then the later effects in the broken down mind, that the hospital must not care for, might have been lessened.

State hospitals become utilized in this situation only at the last when pathological qualities have so often become too fixed and complicated to yield to treatment or nervous disorders so advanced that they are beyond modern ability to benefit.

State hospitals for mental disorders have been accustomed to have their problems and lines of activity determined through direction from outside their own administration. Their position as utilities of the state has been marked out for them by urgent needs of handling situations that confront social order in the communities and states, and have not been determined by what psychiatric experience believes might be more effective.

Our state hospitals are today at a point where they must frankly meet the question of whether they are to confine their energies only to the treatment of patients while in the hospitals or whether they are to extend their activities into the communities, and make more widely available the experiences they have acquired in the care and treatment of the mentally ill.

Our public hospitals for mental disorders are state institutions and as such the state has a right to expect them to take an initiative in efforts at preserving the mental health of the citizens of the state. Physicians of our state hospitals have had experiences in the problems of mental disorders that are not generally a possession of the general practitioner of medicine nor of those who usually deal with matters of public health. Psychiatric knowledge has been largely acquired and kept within the walls of our institutions and it is but natural that the state should turn to these for help in making any attack upon the menacing burden that it is having in caring for the mentally ill.

Unless the hospitals do take some in-

itiative in this matter the situation will remain unchanged. They must prepare some program that will appeal to the state as reasonable and as worthy of financial support. Just what this program should be can only in a discussion such as this be merely suggested. The first step in such a program involves the establishment of contacts between communities and hospitals that do not now exist. These can be best brought about through the establishment of agencies or centers in the large communities that may be supervised and directed by the state hospitals. These agencies would serve as "liaisons" between hospitals and communities. To these the mentally ill might come for competent psychiatric examinations and advice. Welfare organizations of wide range of social interests could call upon them for help in their own problems involving mental aspects. The hospital could utilize these for obtaining information regarding patients committed to their care and it could assume for the hospital the carrying out of such measures for discharged patients as are essential for his continued health. It would be essentially a dispensary service supervised by a state hospital and recognized by the state as a necessary function it should assume in caring for problems that center in the treatment of the mentally ill among its citizens. But proper treatment of many who are ill in mind cannot be carried on under the situations that must exist in an ambulatory clinical service. The problems of many who are mentally disordered are such as to require their removal from the usual surroundings and to be provided with bed care and the ministrations of physicians and nurses, conditions that can only be obtained in a hospital. To meet this situation it is essential that the formalities under which patients may enter a state hospital should be relieved as far as possible of anything that embarrasses patients unduly, and thus makes it difficult for them to accept the condition under which treatment is offered. At the present time the legal formalities that are prescribed for the admission of a patient to a hospital for mental disorders are in most states of a character to cause the patient or his friends to hesitate before taking the needed step.

On the part of the state hospital, to meet the situations that must come up

as the intstitution increases its extramural activities, there will be needed special buildings or units that have as their function the treatment of the early phases of mental disorders and those who are mentally abnormal but not insane. No hospital can make a desirable approach to the treatment of this class unless it has arrangements for carrying on the treatment in a special unit, apart from the larger mass of its population. If this is done it becomes much easier to bring patients early under treatment.

Such arrangements are made possible in the establishment of psychopathic divisions among the other units of a hospital group. Whatever functions may have been planned for these excellent new buildings whose establishment we are now celebrating, I feel sure, that they will be adaptable to the problems we have just presented.

The psychopathic unit should be the intensive medical center of the hospital as a whole. While medical interests will obviously in any good hospital extend through its entire organization it is essential that there be one unit in which there is specially dominant a spirit of scientific investigation. It is those who are among the early and borderline types of mental disorder that afford the best opportunity of studying problems of disturbance of mental and nervous functioning in the clearest way before they become obscured or too much intermixed with artificial symptoms or habits or are modified by deterioration. The psychopathic unit might well be the center for the supervision and direction of the outlying community contacts. Its laboratories would be called upon for diagnostic aid and the patients in its beds could in large part be drawn from these services.

No hospital can in the present day hold the interests of its medical staff unless it fosters a spirit of scientific investigation in the problems of its patients. A great difficulty that confronts hospitals for mental disorders, at the present time, is that of keeping its staff filled with well qualified physicians. The one factor above all others that will attract and hold the really desirable recent graduate in medicine to the service of a mental hospital is a good opportunity for continuing the scientific interests he has developed in his medical course.

Psychiatric advancement can only be maintained by continued productive research. This field as a whole has been somewhat backward in this country in this respect, when compared with what is being done in other branches of medicine. Contributions of high quality to current psychiatric literature are by no means abundant enough to meet the needs of the special journals devoted to the interests.

Psychiatry has since the war attained a position in the foreground of public health problems, and earnest effort is needed to keep it in this position. It has been shown to have contact with so many aspects of medical, social, industrial, military and educational relations that many avenues for research are opened up that cannot but in small part be carried on in the usual clinical or pathological laboratory.

As one recalls the relationships of mental disorders that we outlined in the beginning of this discussion, it can be seen that lines of research may be undertaken in a wide range of problems, any of which may be expected to give helpful additions to our psychiatric knowledge. Many formulations of theories and shaping of research investigations may be wrong and there will inevitably be much that will be discarded, but even negative results have often shown much that is of value.

What line of research should be carried on in a particular hospital depends largely on local facilities of that hospital and the interests of the medical staff. The aim of research is ultimately to give help to the individual patient, to point the way to successful treatment.

The one great point that psychiatric research has given to us is that the line of attack upon mental disorders lies in their prevention rather than in the possibilities of extensive cures after they have developed. Compared with other disorders of a medical or surgical nature we are dealing in mind disorders with the involvement of an organ whose functions are so intimately integrated in all physical health and social activities that any disturbance of this presents serious and far-reaching consequences and greater difficulties of treatment. In spite of any conceivable advancement that may be made, treatment of mind and brain disorder must have distinct limitations. But in most instances some-

where in the part of the relations of the disordered individual there were factors or situations that were amenable to treatment and which if properly met would have prevented the problem that now concerns us. When we consider the influence of syphilis, of alcohol, of the perpetration of degenerate stock and the transmission of pathological defects; the effects of epidemics of infectious diseases; the influences of bad personal hygiene on the production of vascular disorders; and the effects of faulty education and home training, we come upon concrete instances of causes that are responsible for a high proportion of the disorders we are called upon to treat. All of these causes are capable of prevention.

Research has contributed much and now the urgent problem is to put this into practical use. We are today burdened by the effects of influences that have acted harmfully in the past, and from these we have accumulated the problems that are now giving us concern. The unpleasant feature is that we know these factors are still active in our present-day life and some are even increasing.

While our civilization brings with it uplifting influences, with these go serious, harmful tendencies, and it is not easy to maintain a normal state of mental health. To preserve this health requires active interests on the part of all organizations whose experience has qualified them for dealing with these matters, and in this work our state hospitals for mental disorders must take a leading part.

ADDRESS BY

Henry B. Costill, M.D.,

President of the Medical Society of New Jersey

Dr. Cotton, distinguished guests, ladies and gentlemen: This is indeed a great privilege to be before you today at the dedication of these buildings and to assure you of the co-operation of the State Medical Society in institutional work. This is not to be taken as an indication that the State Medical Society has not been co-operating, for if you would visit any of the general hospitals and see the remarkable amount of work that is being done in the removal of tonsils you would come to the conclusion that the medical profession is following

the teachings of our esteemed Dr. Cotton.

You have had read to you a very scientific definition of insanity, but to go from the sublime to the ridiculous I am going to read to you another definition of insanity that was compounded by a Professor of Yale. His definition is this:

When your comprehension rope is cut,
When there are bats in your attic that
flit.

Then your head is not a head, but a nut.

There is one thing I would like to speak of this afternoon and that is the economic side of institutions of this kind. It has been well said, and truthfully stated, that it is within the memory of most of us present when this institution, as well as all other state institutions of its kind, was called an "insane asylum"; they were merely detention institutions. People entered there and were well taken care of, but treatment, with the idea of returning people to health and usefulness, was a matter to which very little attention was paid. Far back, or very early in the history of our race, this question was propounded, a question which has been answered in very many ways depending very largely upon the state of consciousness of the individual.

These institutions with their research work and further development for the study of mental diseases, at the present time, is the answer of New Jersey to that question. Hospitals, of whatever character, are economic propositions. To found and maintain a general hospital is looked upon as the very best investment a community can make. It assists in returning to the community at the earliest possible date those who have been unfortunate enough to be injured or ill. A high rate of health is the greatest asset of any state or community. Consequently, those who are unfortunate enough to be ill in mind by coming to an institution of this kind can be properly cared for, treated and returned as useful individuals to the community, and this is one of the greatest advances in the field of medicine. This advance, as I have stated, has not come all at once. It has come after hard work and a very great deal of research.

Our state is now engaged in looking after various portions of the state centers known as rehabilitation centers

where people who are injured or physically ill receive expert treatment and are returned as useful citizens to the community. This institution is one of these centers, not for the rehabilitation of the physical body or our state. Institutions of this character should be centers of this kind, centers not only for the treatment of mental problems, but for the education of the people at large and the medical profession. It is a well known fact that the average physician knows very little of mental diseases, and it is from centers such as this that he should learn to help take care of these cases, or at least classify them and have them treated here.

The medical profession has also dreamed of such an institution as this. No one more than the physician has been better acquainted with the almost hopelessness of the condition of those who have gone astray in their minds, and welcomes such an institution, and I can assure Dr. Cotton that he has the urgent co-operation of the Medical Society of New Jersey in the work he has done and is doing here. I would like to say just this that in the founding of this institution, and in the work that has led up to it, he has built a foundation for the foundation for the benefit of the health of the people, that each succeeding generation will reap the benefit of, and generations to come will rise up and call him blessed.

ADDRESS BY

Stewart Paton, M.D.,

A Former Member of the Board of Managers of the State Hospital.

In the life of every person events occasionally occur that are responsible for what an English poet has felicitously called moments of "expressive silence." You will readily understand why my silence on this occasion would be more expressive than words. The inclusion of my name, however, on this program, compels me to break what would otherwise be an expressive silence.

It is impossible for me to tell you how profoundly appreciative I am of the honor of having my name associated, not only with one of the new buildings of this great hospital, but also with the state's tribute to the memory of that remarkable woman, Dorothea Lynde Dix.

The sight of these new buildings will

always recall to me both personal and professional interests. They will always be associated in my mind with recollections of the devotion of a pupil and friend, the Medical Director of this institution, Dr. Henry A. Cotton. They will also be objective evidence of the reason for our uniting today in congratulating Dr. Cotton, the Board of Managers, and those associated with them, upon the erection of these buildings; an occasion that marks an important event in the history of this state.

If it were possible for Dorothea Dix to be present on this occasion, she would rejoice as we do over the increased opportunities now provided for bringing the resources of modern medical science to the assistance of those suffering from nervous and mental diseases. She would also understand that it is not only in reference to the actual treatment of disease that these new buildings should be considered. They give to the medical profession better opportunities to study the causes and methods of preventing emotional and mental maladjustments in living; and they also make it possible to organize and conduct in this community a more successful campaign than has hitherto been carried on against what has probably become the greatest single menace to the progress of civilization—nervousness.

Nervousness or civilization shock is a popular expression for a variety of symptoms that indicate an enormous number of people are failing to adjust their lives emotionally and mentally to the complex organization man has created and called Civilization. Nervousness always indicates friction, worry, as well as waste of energy. It is an indication of those disorders of the human personality that increases the difficulties of effective service, and of co-operation between individuals, communities, nations and races. As we come more and more to realize the importance of studying the human personality, in order to obtain the information essential for leading sane, well-balanced lives, as well as for preserving the peace of the world, it will become evident that investigations carried on in these clinics supply the information essential for the teacher, social reformer, clergyman, statesman, and all those persons who are engaged in any attempt to regulate human lives and to improve the conditions

necessary for the progress of civilization.

Democracy today is on trial. We do not yet know whether this country can be made safe for democracy. The first step in this direction is to learn how to use and conserve the brain power of the nation that is now like our forests, coal supply and other natural resources being insanely wasted.

In these clinics are provided opportunities to study all the different phases of modern unrest, disorganizing forces, operating in the home and schools and that are the chief causes of the failure to secure better co-operation between capital and labor, and that are also responsible for the wave of crime now sweeping over the country and for the emotional disturbances that menace the peace of the world.

What folly it is to expect nations to disarm until man has taken the trouble to learn how to curb and regulate his emotions. Have we any right to expect that democracy can be preserved until the attention of the public has been directed to the problem of learning how to use to advantage the brain-power of the nation? The public support and interest in the work carried on in these clinics is an excellent measure of the public's interest in solving the problems of democracy.

County Medical Societies' Reports

ATLANTIC COUNTY.

Clara K. Bartlett, M.D., Reporter.

The regular monthly meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Atlantic City, on Friday, April 14, at 8.30 P. M.

Dr. I. C. Rubin, New York, read a paper on "Diagnostic Value of Trans-Uterine Gas Insufflation in Tubal Sterility and Allied Gynecological Conditions." Thorium, collargol and bromides were first used, but in 1919, gas was substituted for the fluid. The gas will not carry infected material. If the tube is closed, the gas comes back; if the tube is patent, the gas passes up into the subphrenic space. The first experiments were attended by oppression around the diaphragm, with pain and tension. The amount of gas used was then reduced to 100 to 150 c.c. This amount cannot do any harm. The danger of infection is minimum. The danger of embolus was considered. To settle the question, 350 c.c. of oxygen was introduced into the vein of the leg of a dog. Not the slightest deleterious effect resulted from the injection.

When the tube is open but contains a certain amount of mucus and pus, the gas passes without harm. But the method is not used

when there is frank pus in tubes. Proper selection will reduce the danger to a minimum.

A case was cited in which a woman had been curetted, dilated and a pessary inserted for the purpose of overcoming sterility. In a later insufflation the pressure rose to 200 and it was concluded that the tubes were closed. A laparotomy disclosed hydrosalpinx of both tubes, of no recent infection.

The method is of value to determine condition of remaining tube after unilateral excision. It is generally found closed. This is true of ectopic pregnancy. In cases of tuberculosis, it is well to know conclusively the condition of the tubes before deliberately sterilizing the patient.

There is a tragic group of young women, who are sterile, who give no evidence of venereal disease. But the history discloses an attack of acute appendicitis with abscess drainage. In such cases, the tubes are occluded.

The apparatus used for insufflation was then shown, also slides illustrative of conditions found.

Dr. Harry Lowenthal of Philadelphia, then read a paper on "Use of Skim Milk and Boiled Butter in Infant Feeding." Overfeeding and underfeeding produce the same end results. When fat is taken out of milk, an anti-rachitic substitute must be found. Butter boiled five minutes, in proportion of one ounce to thirty of skimmed milk, gives good results. This is used with browned flour ball.

A tabulated report of cases treated, the formula employed, the resulting increase in weight, together with the amelioration or cure of symptoms, was then shown on the screen.

At the business meeting, Dr. Evans of the Aetna Life Insurance Company, spoke of the epidemic of malpractice cases in New Jersey, and of the protection afforded by insurance.

BURLINGTON COUNTY.

Daniel F. Remer, M.D., Reporter.

The regular April meeting of the Burlington County Medical Society was held at the Burlington County Insane Hospital, New Lisbon, on Wednesday, April 12, 1922.

Dr. Nathan Thorne of Moorestown, the newly elected president, presided.

Drs. James Hunter Jr., Stephen Campbell and H. A. Stout, delegates from Gloucester County, were introduced and invited to take part in the program.

Dr. W. E. Rink of Burlington, N. J., was elected to membership.

Dr. M. W. Newcomb, chairman of Section on Practice of Medicine, then submitted the following program:

"Sanatorium vs. Home Treatment of Pulmonary Tuberculosis," Dr. Isadore Kaufman, Phipps Institute, Philadelphia; "Surgical Treatment of Empyema," Dr. Walter E. Lee, Pennsylvania Hospital, Philadelphia; "Modern Treatment of Bronchial Asthma," Dr. Harry Wilmer, Germantown Hospital; "Practical Points in the Diagnosis of Mental Disease," Dr. Earl P. Bond, Pennsylvania Hospital.

The addresses were very practically presented and free discussion from those present.

The society and visitors were then entertained at dinner by the Board of Freeholders

of Burlington County, all of whom were present. The society was then conducted on a tour of inspection of the institution to review the work being done here.

The society adjourned to meet in Moorestown in June.

CUMBERLAND COUNTY.

E. S. Corson, M.D., Reporter.

The society held its semi-annual meeting at the Hotel Commercial, Bridgeton. President W. P. Rickert was in the chair. Dr. E. S. Corson, chairman of the Committee on Public Health and Legislation, reported on the bill passed by the State Legislature. The amended Workmen's Compensation Act was discussed at length. The committee through its chairman had expressed its thanks to the county members of the legislature for their interest and co-operation in public health matters.

Dr. George P. Muller, Dean of the Surgical Section of the University of Penn. Post-Graduate School, gave a most interesting discussion on "Modern Thoracic Surgery." The lack of general interest in thoracic surgery is largely due to timidity. The access to the thoracic content is as feasible as to the abdominal contents through removal of the proper portion of the chest wall. The World War has given new impetus in this branch of surgery owing to the necessity of meeting new and formidable conditions which were formerly looked upon as impractical and impossible.

The intra-thoracic region offers the most difficult problem. Difficulties in lung compression has been largely due to adhesions, but by the introduction of direct illumination and the electrical cautery these may be sensed and the lung freed and painless collapse produced.

European surgeons have shown more progress in this branch of surgery than have Americans.

Dr. Charles Butcher, Heislesville was elected a member.

The next place of meeting will be Vineland.

ESSEX COUNTY.

April Meeting, Dr. E. W. Murray, Reporter.

At the meeting of the Essex County Medical Society held on April 27th at the Academy of Medicine of Northern N. J., 127 members were present. President F. R. Haussling reviewed the work of the legislative committee, calling special attention to the amendments to the Workman's Compensation Law.

A motion was carried that the Essex County Medical Society go on record as opposed to any law which would standardize fees, or schedule of medical fees. It was also resolved that the society use every effort to have a law passed that would give the injured person the right to choose his own physician in case of any accident.

The President told of his embarrassment at Trenton when, as a representative of the Essex County Medical Society on the hearing of bills Nos. 64, 65 and 66, after having told the legislators that he represented the unanimous opinion of the society as being opposed to those bills, to have a petition signed by 25

members presented favoring the passage of these bills.

The following was unanimously adopted:

Whereas, twenty-five members of this society signed a statement, for publication and use by those who were antagonizing our legislative program, which statement directly opposed the stand already taken by the society, after thorough discussion in society meetings and bulletins to its members on action taken and the reasons therefore, it is hereby

Resolved, that we stamp with emphatic condemnation such conduct as unworthy of the members of a profession which is based on altruism, and organized for common good not for exploiting individual views or work. Be it understood that liberty of individual opinion is not questioned; merit in specific measures is not concerned; right of minorities are to be jealously guarded. But, when society action is taken, it behooves any member to so inform himself and—on public matters—to not act adversely, unless he had taken opportunities to so forewarn his fellow members.

Resolved, further, that this be entered on the minutes as cardinal principle of the Essex County Medical Society and a copy be sent to every member.

The society approved the action of the Council in requesting the Board of Freeholders to furnish the society with copies of the minutes of meetings containing the record of the dismissal of Dr. Henry E. Ricketts, the superintendent of the Essex County Hospital for Contagious Diseases.

It was stated that the A. M. A. had not inspected an osteopathic school since 1914 and that year only one. It was recommended that this State require the Council of the A. M. A. to make these inspections.

On motion Ex-President Martland was elected to the Council to fill the place of Vice-President Mitchell.

HUDSON COUNTY.

Wm. Freile, M.D., F.A.C.S., Reporter.

The monthly meeting of the Hudson County Medical Society was held on April 4th at the Carteret Club, Jersey. The meeting was called to order at 9 P. M., and after transacting unfinished business, reports of committees were presented.

Welfare Committee: Dr. Quigley reporting Workmen's Compensation Act discussed by committee as to regulating charges as applied under act. In this connection, the Manufacturers' Association will be consulted, a conference to take place April 11, 1922. The members ought to express their opinion in this matter: 1, Whether or not claims are justified will be determined by W. C. Bureau 2, schedule of fees will be necessary to conform to usual charge in that county.

We must be careful that all is administered in true spirit of law. Advisory Boards of Clinics must look after M.D.'s and prevent any abuse of the Rehabilitation Clinics.

Dr. Swiney asked as to procedure in request for additional medical compensation. Dr. Quigley felt there should not be any conference with manufacturers.

Dr. Cosgrove stated that the organized profession ought to have right to make our

schedule of fees without any interference by manufacturers.

Dr. Dickinson said he thought the State Society schedule of fees were pretty adequate and that the Committee of Rehabilitation Clinic will protect M.D.'s.

Dr. Swiney moved that a committee be appointed to consider fees and draw up schedule.

No report on Public Health or Membership Committees.

Paper of the evening by Dr. Stanley R. Woodruff of Bayonne, "Renal Infections in Pregnancy," was very interesting and instructive.

MERCER COUNTY.

A Dunbar Hutchinson, M.D., Reporter.

The Mercer County Medical Society held a regular meeting on April 12th, a large attendance being present.

Applications for membership were read and referred to the Membership Committee.

An invitation from Princeton University, to all medical men, to attend a lecture on "Investigations on Diabetes," by Dr. Frederick I. Allen, in McCosh Hall No. 46 at 5 p. m. on April 20th, 1922, was read and accepted.

The subject for the evening was then announced, "The Early Diagnosis of Syphilis," by Dr. H. Norton Parker.

Dr. Parker, assisted by Dr. Charles R. Sista, made a very intelligible report (intelligible, because of the vast scope such a subject embraces, and thus, tiresome if dilated upon) of their work in the Venereal Hospital in Trenton. 260 cases of positive syphilis came under their observation—10 primary, 17 secondary and 233 Tertiary—showing a terrible laxity upon the part of the medical profession in not recognizing the early stages.

Dr. Parker gave in detail the several positive methods of early diagnosis, and appealed very strongly to the profession for a more determined effort in this direction. In the opinion of Dr. Parker the darkfield is absolutely dependable in the early diagnosis of syphilis. Several interesting cases were cited, showing the obscurity in which the disease may be shrouded in the early stages. An outline concise and easily understood, of the treatment instituted in this hospital was described, with the various re-actions, following systematic procedure.

Dr. Parker urged upon the profession the necessity of: (1), An early positive diagnosis in the first stages of the infection; (2), the early systematic intensive treatment in the early stages of the disease; (3), continued observation of the patient, watching for recurrences.

Dr. Sista read a very carefully prepared report of the number of cases coming under the jurisdiction of the clinic and hospital, showing in the final analysis, a preponderance of evidence, for progress and cure in the battle against such a devastating foe.

Spirited discussion followed the discourse, and much interest displayed in the various opinions expressed.

Drs. Parker and Sista were highly complimented on the manner of presenting a subject of such magnitude, in so interesting and entertaining a form.

MIDDLESEX COUNTY.

John F. McGovern, M.D., Sec. pro tem.

The Middlesex County Medical Society visited Trenton, N. J., Thursday, April 20, 1922, where they were guests of Dr. Henry A. Cotton, Medical Director, New Jersey State Hospital for the Insane.

The morning clinic gave us an opportunity to witness the radical surgery which is being offered at this institution for the cure of picked cases. The afternoon was given over to the presentation of clinical cases which have undergone such surgical procedure. This proved, beyond doubt, to those who were the least bit skeptical that such surgery has its place in the hands of clinicians who can choose their cases.

The next group demonstrated was made up of rather advanced cases of cerebro-spinal syphilis. The agility with which the staff exposed the skull, trephined and did an intraventricular injection of salvarsinized serum excited considerable interest. In seeking for the focus of infection every organ is explored. In the female tract the cervix is often the site of a chronic infection. Such a case was demonstrated and a conical section removed, which included the infected mucosa of the lower third of the cervical canal.

Following our noon luncheon the society went into a business session with Dr. B. M. Howley of New Brunswick presiding. In the absence of Dr. J. L. Fagan, it was regularly moved, seconded and carried that Dr. J. F. McGovern act as secretary.

The following named physicians were invited to sit in the meeting as corresponding members: Dr. H. A. Cotton, Trenton; Dr. T. P. Prout of Summit, Dr. Jos. F. Mark of Woodbridge, Dr. John W. Draper of New York City, Drs. John G. Wilson of the State Hospital and C. S. Brown of Norristown, Pa., and the staff of the New Jersey State Hospital.

It was moved by Dr. English and seconded by Dr. Urbanski, that the name of Dr. Jos. F. Mark of Woodbridge be admitted to membership in the Middlesex County Medical Society, from which he is a transfer. Motion carried.

It was moved by Dr. English, and seconded by Dr. Merrill, that each member of the society be informed that an amendment to the constitution will be brought before the next regular monthly meeting of the society. For this reason it is urged that a full attendance be present. Motion carried.

It was moved and seconded that the delegates to the State Society—Drs. Leonard, Silk and Nafey—be notified of the date of the meeting and that they be urged to attend the sessions at Spring Lake in June. Motion carried.

There being no further business, the meeting was adjourned upon motion.

PASSAIC COUNTY.

Leon E. De Yoe M.D., Secretary.

The April meeting of the Passaic County Medical Society was held on Thursday, the 13th, at 9 P. M.

Dr. Thomas A. Dingman read a paper entitled "Peptic Ulcer—GaGsGtric and Duodenal." He divided ulcers into acute and chronic

classes depending on their duration, and spoke of the fact that ulcer of the duodenum was more frequent than ulcer of the stomach—73% vs. 27% according to the Mayo Clinic. They are most commonly found on the anterior wall within an inch of the pylorus.

Concerning pathogenesis, there are two points generally accepted: 1, that there is self digestion of a circumscribed area; 2, resistance of the part digested must have been previously diminished by thrombosis or embolism, lack of protective gastric mucus, trophic disturbance, local traumatism, or microbic invasion.

Of clinical symptoms, the most important is pain, gnawing or burning in character, located in the epigastrium and associated with a feeling of fullness. This pain occurs one to five hours after meals and is relieved by food or alkali. Epigastric tenderness is often present. Heartburn, sour eructations, belching, vomiting and haemorrhage also occur.

A point emphasized by the speaker was the frequency in which these cases show remission of symptoms, especially in duodenal ulcer. In considering the diagnosis, Dr. Dingman places the following factors in the order named: 1, history; 2, x-ray findings; 3, physical examination; 4, laboratory findings. He spoke of the great importance of obtaining an exact and careful history in every case. He then touched on the medical treatment and described the method of Sippey of Chicago. As to surgical treatment, the speaker favors conservative cautery excision combined with gastro-enterostomy. He stated that gastro-enterostomy is a physiological procedure done to reduce the acidity of the stomach with alkaline jejunal contents and to allow the stomach readily to empty.

The paper was discussed by Dr. H. N. Golding, who spoke of the great value of the x-ray in diagnosing this condition. Dr. McDeded spoke of the medical treatment of the disease and described the excellent results obtainable by the use of the duodenal tube. Dr. J. V. Bergin then read an interesting paper on the subject of "Colic in the Breast Fed." He stated that this colic is due to an excess of fat, the fermentation of which causes an excess amount of gas. He combats this by adding protein in the form of casein to the diet. A putrefactive condition with a great excess of lactic acid bacilli follows, resulting in the elimination of fatty fermentation and relief of colic.

Dr. Van Riper in discussing this paper spoke of the importance of supervising the diet of the mother to make sure that she was not taking a diet too high in fats. He also helping this condition. Dr. Winters agreed spoke of the value of lactic acid bacilli in with the speaker that fat was the prime cause of the trouble and advised the use of tablets containing lactic acid bacillus.

UNION COUNTY.

Russell A. Shirrefs, M.D., Reporter.

A largely attended meeting of the Union County Medical Society was held on the evening of April 12th, at the Elks' Club House, Elizabeth, N. J. Drs. Gordon, Craver, Upham, Block and Milligan were elected to membership. After the routine business, Dr. R. D. Baker of Summit read a paper on "An Atypi-

cal Form of Hyper-Thyroidism," which embodied the original observations he had made on a considerable number of his private patients. A rising vote of thanks was tendered him at the close of his address. Refreshments were served and a social session concluded the evening's program.

Miscellaneous Items

Asbury Park Medical Association.

This association at a meeting held March 25, 1922, elected the following officers for the ensuing year: President, Dr. Joseph Ackerman; vice-president, Dr. Earl C. Wagner; treasurer, Dr. James Fisher; secretary, Dr. R. E. Watkins, Belmar; censors, Drs. Charles Prout, C. M. Trippe, Asbury Park, and C. J. Massinger, Ocean Grove.

Campaign for Law Requiring National License to Practise Medicine.—A movement to have Congress pass a law requiring all graduates in medicine to take out a national license to avoid the complex requirements of the different States and to facilitate medical practice was inaugurated at a meeting of the officials and counsellors of the American College of Physicians held in Philadelphia on December 30, 1921. Dr. Ellsworth Smith of St. Louis presided at the meeting. Dr. Clement R. Jones of Pittsburgh, who detailed the disadvantages of the present system, suggested that licenses be taken out through a national department of health or other Federal division.

The Doctor's Fee.—"So of doctors. They like fees no doubt,—ought to like them; yet if they are brave and well educated the entire object of their lives is not fees. They, on the whole, desire to cure the sick; and,—if they are good doctors, and the choice were fairly put to them,—would rather cure their patient, and lose their fee, than kill him, and get it. And so with all other brave and rightly trained men; their work is first, their fee second—very important always, but still second. But in every nation, as I said, there are a vast class who are ill-educated, cowardly, and more or less stupid. And with their people, just as certainly their fee is first, and the work second, as with brave people the work is first and the fee second. And this is no small distinction."—John Ruskin: *The Crown of Wild Olive*.

The Increase of Cancer.—The continuous increase of cancer in civilized countries is unfortunately too well attested. It is exemplified in the recent report of the health officer for Edinburgh, Dr. Maxwell Williamson. The latest figures of cancer mortality are the highest ever recorded in Edinburgh. During the last twenty-three years the number of deaths in Edinburgh due to this disease has increased from 267 to nearly double this figure—471. All the deaths due to tuberculosis, including lungs, bones, bowels, etc., amounted to only 417. The commonest site of cancer seems to be the bowel, which, according to Dr. Williamson, may suggest some influence exercised by present-day habits of feeding. The table for Edinburgh shows an almost continuous increase—from 0.88 per 1,000 in 1898 to 1.39 in 1920.

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer favor by notifying the Publication Committee of the fact.

NOTE.—The transaction of business will be expedited, and prompt attention secured if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR, New Brunswick.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE, Newark.

156th ANNUAL MEETING

This Year's Annual Meeting of the
Medical Society of New Jersey

will be held in the

Monmouth Hotel, Spring Lake, N. J.

June 21 to 23, 1922.

See preliminary program in next column. Further announcement will be made in the June Journal and the full program will be sent to the members early in June.

The Board of Trustees will meet in the Monmouth Hotel on Tuesday evening, June 20th, at 8.30 P. M.

STATE SOCIETY ANNUAL MEETING

This will be one of the most important annual meetings the Society has ever held and every county society should have all its annual delegates present. If any one who has been elected cannot go, he ought to resign and have another appointed who will go. The welfare of the profession has never been so threatened as at present and every county society should wake up and get busy, especially its officers. If any secretary has not yet notified Dr. Chandler of the names of the annual delegates

to the State Society meeting, he should do so **at once**. See our editorial on County Societies.

SCIENTIFIC PROGRAM OF THE STATE SOCIETY.

President's and Vice-President's Addresses.

Oration in Medicine—Dr. H. R. M. Landis, Director of Clinical and Sociological Dept. of Phipp's Institute of Philadelphia.

Oration in Surgery—Dr. John H. Gibbon, Professor of Surgery in Jefferson Medical College, Philadelphia.

"Modern Diagnosis and Treatment of Gonorrhea in the Male," Dr. C. H. deT. Shivers, Atlantic City.

"Treatment of Fractures of the Shaft of the Femur, with Presentation of a New Splint," Dr. T. A. Dingman, Atlantic City.

"Concerning Headaches; This Symptom as an Aid to Diagnosis, Dr. Alfred Cramer Jr., Camden.

"Has Quinine a Place in the Treatment of Pneumonia?" Dr. Charles J. Murn, Paterson.

"When Not to Operate," Dr. George Blackburn, East Orange.

"Newer Phases of the Asthma Problem," Dr. George R. Meyer, Camden.

"Public Health Administration in New Jersey," R. B. FitzRandolph, Ph.D., Trenton.

"Foreign Bodies in the Esophagus and Bronchi," Dr. Henry B. Orton, Newark.

Discussions have been arranged for these various papers, and those appointed to open the discussions will be announced in the program which will be sent to our members.

OUR PROFESSION'S IDEALS.

An eminent and honored physician of a neighboring State, who represented his State at our annual meeting a few years after the Civil War said: "It was my privilege in the war, in the responsible position in which I was placed, to have New Jersey surgeons. I found them men on whom I could rely in all emergencies, and I relied on them; and be assured, gentlemen, that they honored you as much in their art as your soldiers honored your State on the battle-field."

We believe the same can be truthfully said of the New Jersey surgeons who served in the recent World War. They

made a record of which we are justly proud. But the true physician has the opportunity to prove his worth and loyalty in times of peace by unselfish devotion to his profession, to his country and to humanity, as the members of the Medical Society of New Jersey have demonstrated for the 156 years of the Society's existence.

The worthy member is in this Society, not for what he can get out of it of material gain, but for what he can put into it for the public good. To **give** for the advancement of his chosen profession which he holds sacred and dear; to **give** for the good of the State of which he is proud to be a citizen, in position to render the highest possible service and therefore under solemn obligation to do so; to **give** for the blessing of humanity with whom he has relations of responsibility and accountability, as well as of brotherhood and charity—that charity which “seeketh not her own,” that “rejoiceth in the truth,” “beareth all things,” “endureth all things,” and “never faileth.”

Service and Sacrifice pre-eminently characterize the true man—the ideal physician as truly as they characterized the ideal, loyal Americans, who went forth to render service and if needs be sacrifice life in defense of their country and humanity in the World War.

We re-insert from the April, 1921, Journal the words of Dr. J. Marion Sims, the great American surgeon, who in a letter to his wife written when he was laboring to establish the Woman's Hospital in 1854, said:

“When I look into my heart, I do not see that my motives are at all selfish! The only selfishness that I feel is the desire to do good, to be a benefactor of my race, and I sincerely pray that my labors may be blessed so far as they tend to relieve suffering humanity, to advance the cause of science and to elevate the condition of the medical profession. You can understand me. The world may not. It is a glorious thing to feel that you are above the dross and glitter of mere pageantry. Money is trash and may be blown away by the wind. Honors are evanescent and may be snatched by another. Even reputation may be tarnished by the slanderous tongue of an envious villain, but the proud consciousness of rectitude, coupled with true benevolence, lives in the heart of its possessor and is as immortal as the soul itself.”

We ask, not to discuss, but for our members' careful study and remedial effort where needed, of the following dangers, or at least hindrances, to future

welfare and progress: Compulsory Health Insurance; State Medicine; Health Centers; Workmen's Compensation, Group Medicine or other scheme. Then to carefully consider the Nursing Problem; the physician's fees in Pauper Clinics; should the fees in both cases—physicians and nurses—be conditioned on the ability of patients to pay? Should the so-called free clinics be only for those unable to pay physicians' fees? We shall be pleased to receive brief articles for the Journal on these questions and would suggest that they be not considered from the viewpoint of the physicians' financial interests, but as to their bearing on the physician's equipment for and efficiency in service, and thereby for the public's greatest good in the prevention and care of disease. The editor views the question of the physician's fees under the Workmen's Compensation Act and in the matter of Clinics as involving the patient's highest welfare far more than the physician's pecuniary interest. Special attention is called to our “Correspondence” column.

OUR COUNTY SOCIETIES.

We have spoken of the carelessness, indifference or neglect of officials in the above editorial. These conditions are nowhere else so disastrous as in the County Societies and their correction there will greatly aid in maintaining our profession's standing and efficiency thereby correcting other evils referred to. The Editor is no alarmist. He has been giving much thought to, and some close study of existing conditions and threatening dangers; service on the Welfare Committee and a recent item in the Newark Evening News have led him to write this editorial; the item is as follows:

Health Officer Craster of Newark has been appointed one of the committee to reorganize the American Public Health Association. At its annual meeting in Washington March 16 the governing council of the association decided upon this step after a majority of its members agreed with Dr. L. I. Harris of New York that the association was led and directed by corporate agencies in ever-increasing number. Dr. Harris also charged that such leadership and direction were a present detriment and endanger the future of the association.

There are some indications that the same condition is threatening the American Medical Association and we urge

ur members individually, and in their associated activities in the county societies, to do a great deal of

Intelligent Thinking and Planning,

nd it would be well if much of the thinking and planning were done before we gather at our annual meeting next month. Probably that would lead to far better **Action** by the House of Delegates, where often hasty action is taken because adequate time for careful thought could not be given.

We cannot here discuss existing conditions but we call attention to the following suggestions which need serious consideration: Every officer of a county society should know the duties of his office and should promptly discharge them.

Every county society should have a Welfare Committee of able men who have the welfare of the profession at heart and who will co-operate heartily with the State Society's Committee. Every society should have a full delegation at the annual meeting of the State Society. Every member should attend the meetings of his county society when it is possible for him to do so and should endeavor to make them profitable for his own and his profession's ability to serve his patients and the public.

The true physician, the ideal physician recognizes the splendid opportunities and great responsibilities of the organized profession. He becomes a member of it not for what he can get out of it but for what he can put into it. As we have before observed—**Service and Sacrifice make him a worthy member of the noblest of professions.**

GROUP MEDICINE.

From the Boston Med. and Surg. Jour. The organization of medical men into groups for the practice of medicine has been steadily increasing in certain parts of this country. In New England very little has been done in this direction, unless it can be said that the large hospitals, with their numerous consultations between members of the staffs, practise group medicine.

This experiment, for such it is, excites our interest; it will not be long, we predict, before such groups will be formed in Boston. Without doubt, group medicine has definite advantages, but these

will be of no avail unless certain fundamental principles in the practice of medicine are kept clearly in mind. Three, at least, of these are essential: each case must be studied carefully and scientifically, and the knowledge so gained must be applied to the patient's advantage; the patient must have confidence in the physician who has the management of his case; the cost of the examination and of the treatment must not be excessive.

One might well ask whether any of these principles are carried out by the plan suggested by Dr. Lewellys Barker in his otherwise excellent article on "The Specialist and the General Practitioner in Relation to Team-work in Medical Practice," which appeared in the Journal of the American Medical Association of March 18, 1922. In discussing group medicine, Dr. Barker finds in it, as it frequently practised, the danger that the results of examinations by various specialists will not be so co-ordinated that the right thing will be done for the patient. To prevent this unfortunate state of affairs, he suggests that groups should have "diagnostic integrators"—"men with more than ordinary endowment in what is called 'common sense,'"—who will digest, so to speak, the reports of specialists, and from them evolve a theory of treatment.

A chart presented by Dr. Barker shows the route which the patient of a group so equipped would follow. He would first be examined by an internist, who takes his history and gives him a general going-over. From there he would go to a "consulting diagnostician," who checks the main findings and decides what special examinations are needed. These examinations made, the reports are collected by a compiling secretary, who hands them to a "diagnostic summarizer." The latter rearranges the data on a single sheet and presents this evidence to the "diagnostic integrator" and the "therapeutic planner." These dignitaries (what else shall one call them?) may be one and the same man, or may be two individuals. At any rate, they, or he, constitute the final Court of Appeal; they exercise that "more than ordinary common sense" to which they owe their position, and having decided what shall be done for the patient, they turn him back for treatment to the general practitioner or to the appropriate specialist.

This is group medicine as advocated by Dr. Barker. We doubt if such an organization exists, or ever will exist. To use a phrase borrowed from "big business," the "overhead" would be too great. This plan, if put into effect, would create an organization so top-heavy that it would capsize in the very first storm. Picture the bewilderment of the patient as he, or even more as she, is being ground up in this medical mill. There would be no chance for the development of any personal relations between doctor and patient, although Dr. Barker admits that personal relationships are exceedingly "important in medicine."

The whole group revolves around the "diagnostic integrator." The others need not think, for that is his job. Yet he will be too busy to do the thinking and to get that intimate point of view without which many cases cannot be properly diagnosed. The scheme would result in the development of a few vastly overworked diagnosticians, surrounded by a coterie of men who would be expert in some method of examination, but who would not be physicians in the true sense of the word.

The plan appears to us to be inhuman, unwieldy, extravagant. We vote for the present system, in which responsibility is put squarely up to the man whom the patient selects for his physician. Every medical man should be able to tell what organ or what system of organs is chiefly involved. If he has not the facilities or the knowledge needed to investigate that articular portion of the body, let him select as a consultant that man in the community who can best help him, and not be confined in his choice to the members of a group. It may be that of several possible consultants, one is especially suited for one type of case, another for another.

The patient will then have a friend as well as a physician, to whom he may turn for advice. Is the mental side of medicine to be neglected altogether, or to be administered only by those who have studied Freud?

Let us not depart too far from the ideals set before us by Fitz, Osler, and by all of the great physicians who have made medicine what it is. The practice of medicine is still a profession and an art.

THE COMMON EVERYDAY PRACTITIONER SHOULD ASSERT HIS RIGHTS OR HE WILL AWAKEN SOME MORNING AND FIND HE HAS NONE.

CORRESPONDENCE.

Standardized Fees.

Dear Dr. English:

The amended Workmen's Compensation Act effective July 4, 1922, provides unlimited medical and surgical cure with petition it need be for services over and above \$50. Of what benefit to the workman or the physician then is a standardized fee, especially at this time? Why did not the Insurance Companies and Manufacturers through the Commissioner of Labor seek such standard of fees before the new amendment was put through—because they could pay whatever fees they wanted or no fees at all, the Commissioner of Labor had no jurisdiction to compel these companies to pay the doctors adequately if at all and no one cared a snuff whether the doctor got paid. Now that it will be mandatory upon the employers and carriers to pay for whatever medical fees the doctor reasonably expects the Commissioner of Labor becomes sponsor for standardized fees which he now contends is necessary because the doctors bear watching because some members of the profession have from time to time overcharged.

The average reasonable medical fee for poor workingmen is well known to every practitioner in the community. Why such hard and fast rules so suddenly? Because the Insurance Companies want to put medicine on a productive basis, just as if so many human beings are pieces of machinery—justifiable in war but not in peace. Furthermore what guarantee has the profession that once the politician commits the profession to minimum medical fees that he cannot order the State Rehabilitation Clinics to treat their cases at one half of the minimum fee, thus underselling the profession for the apparent benefit of "the People," and actual benefit to the Manufacturer and Carrier who even under the new act still maintains the right to choose the doctor and hire and fire him at will.

Do you realize the possibility of our putting our heads through a noose? Furthermore, if standard fees are allowed may we not expect that our "benefactors" will soon want to prescribe for us a uniform method of treatment in group medicine and surgery? And how about those politicians who still are waiting with the Compulsory Health program—watching how the compensation—Rehabilitation scheme will work out? If the doctors take to that why not to the other? If State Medicine must come then for pity's sake let us anticipate that and do our own thinking and planning rather than leave such matters to politicians who expect us to believe in them while they have heretofore openly defied us, now turning to some of the best of our own men to play the game for them. I am opposed to such program in principle because when it was suggested that I should organize and conduct the clinics it was expressly understood that the profession was to take them over for the benefit of the people instead these clinics are now used for political purposes in the guise of benefaction.

HAVE YOU PAID YOUR DUES YET?

These clinics are necessary and will serve a good if under complete control of the entire profession and its true representatives who would not dare to stop to anything which will take the bread and butter out of the mouths of fellow practitioners; otherwise unless the State Society takes a hand in them they cannot but act as competitors to the profession. Then why such hurry in adopting medical standard fees and other things until we are sure of our ground.

Yours fraternally,

M.D.

Hospitals.

National Hospital Day.—The celebration of National Hospital Day last year was found to be so generally helpful that the United States Public Health Service heartily approves its repetition this year on Friday, May 12, the anniversary of the birth of Florence Nightingale. On that day the public will be invited to visit the hospitals in their vicinity as guests and to familiarize themselves with their methods and aims.

Bergen County Hospital.—This hospital for the tuberculous was opened to public inspection on April 1. It cost more than \$400,000.

Bridgeton Hospital Receives Gifts.

Announcement is made that the late Mrs. William Martin left \$2,000 in Liberty Bonds to Bridgeton Hospital. The late Lorenzo Robbins bequeathed for building lots at Chestnut Ridge. There are also three other bequests totaling \$2,500.

Elizabeth General Hospital.—The contract has been awarded for a new building for this hospital, the cost of which will be \$513,000.

The Mountainside Hospital.

Alumni Association gave a dinner dance at the Hotel Montclair, on evening of April 24, in honor of the members of this year's graduating class.

Salem County Memorial Hospital.

The following is the report for March: Admissions, 56; discharges, 48; births, 7; deaths, 1; operations, 39; x-ray cases, 7; out patient department, 74.

St. Peter Hospital Training School.—The graduation exercises of this Training School for Nurses was held in Columbia Hall, New Brunswick, at 8 o'clock P. M. April 24, when two nurses graduated. Dr. B. M. Howley presided and Monsignor J. W. Norris gave an address and presented the diplomas.

N. J. State Hospital, Morris Plains.

The 46th annual report for year ending June 30, 1921, recently received, shows the following facts:

There remained in hospital June 30, 1921, 2,772 patients, an increase of 59 over the preceding year. During the year 663 patients were admitted—333 males and 330 females. The number discharged was 119 recovered;

175 improved. There were 280 deaths, 155 males and 125 females. The principal psychoses of the patients who died were: Senile psychoses, 49; general paralysis, 55; manic depressive psychoses, 71; dementia praecox, 49 cases. The chief causes of death were: pneumonia in 37; tuberculosis, 23; cerebral hemorrhage, 35; parietic convulsions, 42; cardiac diseases, 85, and nephritis, 36 cases. Of those who died, 163 were over 50 years of age—59 of them over 70. 35 were under institutional care for from 1 to 4 years, 71 from 5 to 19 years, and 33 for 20 years or more.

Marriages.

CURTIS-FREER.—At Hackensack, N. J., April 18, 1922, Dr. Donald Austyn Curtis, to Miss Margaret Elizabeth Freer, both of Hackensack.

WOLFE-COOK.—At the Branchville, N. J., Presbyterian Church, April 1, 1922, Dr. James C. Wolfe to Miss Lillian Mott Cook. Dr. Wolfe is a son of Dr. Jacob S. Wolfe of Bloomfield, N. J.

Deaths.

BROWN.—At the Mercer Hospital, Trenton, April 23, 1922, Dr. David A. Brown, after one week's illness, aged 44.

Dr. Brown graduated from the Hahneman Medical College in 1901. He had practiced in Bordentown, N. J., was son-in-law of Dr. C. J. Bey of Crosswicks, N. J. He recently resigned from the staff of McKinley Hospital, Trenton.

COHEN.—In Wildwood, N. J., April 11, 1922, Dr. Nathan A. Cohen, from blood poisoning from an infected finger.

Dr. Cohen graduated from the Jefferson Medical College, Philadelphia, in 1892. He was a member of the Cape May Medical Society and the Medical Society of New Jersey.

DUNN.—In Camden, N. J., March 23, 1922, Dr. Frederick V. Dunn, aged 58 years.

At a meeting of the Camden County Medical Society, held March 27, 1922, the following action was taken:

The grim reaper has again entered our midst and taken its toll, and has removed from this society another one of its members, Dr. Frederick V. Dunn, who died March 23, 1922.

Dr. Dunn was born in England and came to this country when a lad. He learned the drug business, graduating from the Philadelphia College of Pharmacy.

In 1898 he received his diploma from the Jefferson Medical College, and from that time until his death was in active practice in the city.

Be it resolved that as we thus pay our last tribute of respect to the memory of our departed colleague, we extend to the bereaved ones our sincere sympathy in this hour of sorrow.

Resolved that this be spread upon the minutes of the society and a copy be transmitted to the family.

John E. L. Van Sciver, M.D., W. W. Kain, M.D., T. B. Lee, M.D., Committee.

MYERS.—In Bayonne, N. J., March 5, 1922, Dr. Samuel I. Myers, aged 70 years.

Dr. Myers graduated from the College of Physicians and Surgeons, New York, in 1878.

WHITFORD.—In Dunellen, N. J., April 24, 1922, Dr. Myron J. Whitford, aged 72 years.

Dr. Whitford graduated from the Chicago Homeopathic Medical College in 1883; practiced medicine in Dunellen and Newmarket nearly forty years; was a member of the Seventh Day Baptist Church of Newmarket and the Jr. O. U. A. M. He represented Middlesex County in the State Assembly in 1902.

Personal Notes.

Dr. Josiah Meigh, Bernardsville, recently returned from California, where he spent several weeks.

Dr. William E. Ogden, East Rutherford, was president of the East Side Improvement Association.

Dr. Norman H. Probasco, Plainfield, who has been a member of the Muhlenberg Hospital 22 years, has resigned.

Dr. John F. Anderson, New Brunswick, was recently elected a vestryman in Christ Episcopal Church of that city.

Dr. Henry P. Dengler, Springfield, and wife spent several days last month at Barnegat Bay.

Dr. Walter E. Cladek, Rahway, is spending two weeks this month at his summer home, Cape Cod, Mass.

Dr. Levi W. Case, Montclair, and wife spent a week in Atlantic City last month. The doctor is recuperating from his recent illness.

Dr. Robert J. Beck, Branchville, is suffering another attack of illness.

Dr. Benjamin Gutmann, New Brunswick, is contemplating a visit of two or three weeks in Boston this month.

Dr. Carl Pierson, Trenton, and wife, spent a few days in Netcong last month.

Dr. William Kline, Phillipsburg, has been elected a trustee of the Presbyterian Church of that city.

Dr. George Evans Reading, Woodbury, calls the attention of the Gloucester County doctors to the fact that the Board of Freeholders of that county held April 20th, fixed the fee for examining insane patients at ten dollars.

Dr. Alexander Marcy, Jr., Riverton, has returned from his trip abroad, having had a most enjoyable time.

Dr. Eugene H. Goldberg, Kearny, has resigned as chief surgeon of the Soldiers' Home, where for more than twenty years he was connected.

Dr. Thomas P. Prout, Summit, at the annual meeting of the Co-operative Charities organization gave an address on Mental Defectives.

Dr. Marcus A. Curry of the State Hospital, Morris Plains, addressed the Woman's Club of Dover on April 26th on "Normal Traits of Children and their Training."

Public Health Items.

Mumps Epidemic in Elizabeth.—There were forty-nine cases recorded recently of mumps in Elizabeth against eight for the same period last year. During March an increase was also noted in scarlet fever, tuberculosis and diphtheria.

Newark Health Report.—There were 614 deaths in Newark during the month of February, 1922. The death rate was 17.1 per 1,000 of population. The principal causes of death were: Influenza, 34; tuberculosis, 46; cancer, 29; apoplexy, 40; organic heart disease, 63; pneumonia, 115; Bright's disease, 47. There were reported 2,093 cases of influenza; 674 pneumonia; 101 tuberculosis; 94 diphtheria; 55 gonorrhea; 48 syphilis; 2 chancroid.

New Jersey State Health Report.—During the month ending January 31, 1922, 3,734 deaths were reported to the Bureau of Vital Statistics of the State Department of Health. There were 564 deaths among children under one year, 221 deaths among children over one year and under five years of age, and 1,394 deaths among persons aged sixty years and over. The death rate for January was 13.42. Decided increases are shown in deaths from diseases of the respiratory system and in deaths from pneumonia. There were 246 deaths from tuberculosis; 226 from cancer; 353 from pneumonia and 331 from Bright's disease.

During the month ending February 28, 1922, 4,221 deaths were reported to the Bureau of Vital Statistics of the State Department of Health. There were 630 deaths among children under one year, 329 among children over one and under five years of age, and 1,544 deaths among persons aged sixty years and over. A decided increase occurred in deaths from influenza, pneumonia and diseases of the respiratory system. There were 187 deaths from influenza, 235 tuberculosis; 225 cancer; 523 pneumonia; 327 Bright's disease, and 442 deaths from respiratory diseases other than tuberculosis and pneumonia.

Why Babies Die.—More than 100,000 of the 250,000 children less than one year old who die every year in the United States die from causes connected with their birth, says the U. S. Public Health Service. The need, it adds, for further study and investigation of these causes is urgent.

The Midwife.—W. H. Vogt, M.D., of St. Louis, Mo., in an article published in the Southern Medical Journal, expresses himself about the midwife as follows: "One author recently showed by statistics that the mortality in Newark was smaller in cases attended by midwives than in those cared for by physicians. I have only to say that, so far as I know, the midwife has no mortality whatever. The reason is plain. When in trouble, she sends for the doctor and he signs the death certificate."

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SOME ASPECTS OF SURGICAL AFFECTIONS OF THE RIGHT UPPER QUADRANT.*

By Charles Gordon Heyd, B.A., M.D.,

Professor of Surgery, N. Y. Post-Graduate Medical School and Hospital.

In a consideration of the surgical affections of the right upper abdomen one is immediately impressed with the very close interrelationship that exists between the various viscera that comprise this portion of the abdomen.

The primitive gastrointestinal tract is a simple tube occupying a midline position. Embryologically it is divided into three portions—the foregut, the midgut and the hindgut. Anatomically the stomach, duodenum, liver, biliary ductal system and pancreas are derivatives of the foregut, and in this alimentary segment every digestive enzyme is secreted and the mechanical processes of digestion carried out.

If we accept the term dyspepsia to signify any degree of gastric malfunction irrespective as to the quality of indigestion or its quantitative reactions we have a symptom so widely expressed that by and of itself it is of comparatively little value. The statistical study of Cabot has demonstrated that approximately the majority of indigestions are due to causes entirely remote from the stomach and it has been stated that 40 per cent. of all forms of gastric malfunction are due to causes entirely remote from the abdomen.

The clinical observation that of all symptoms in the domain of medicine indigestion is the most frequent leads us to believe that the stomach by expressing itself in terms of malfunction may be the reflex voice of possibly any bod-

ily ailment. The vomiting of brain tumor, the dyspepsia of nephritis, the vomiting of uremia, the gastric malfunction of tuberculosis and cardiac disease and the various types of gastric distress from affections of the pelvis, appendix and colon, to say nothing of ptoses, leads us into a bewildering field of symptomatology in which indigestion or dyspepsia may be one of the outspoken symptoms.

Again, the increasing prominence of focal infection of the tonsils, teeth, sinuses, the swallowing of large quantities of pus, decayed and fermenting food, from pyorrhoea alveolaris, offers evidence enough of the possibilities of gastric disturbances from organs entirely remote from the stomach. The records of almost any large outpatient department will show that approximately 10 per cent. of the patients with locomotor ataxia presenting themselves for treatment have had at one time or another been operated upon for a supposed intra-abdominal lesion and it is a singular fact that in these cases we find appendicitis, cholecystitis and gastro-duodenal ulcer given as the indication for surgical intervention.

Primarily the stomach exercises two important functions—a secretory function and a motor function. The latter is decidedly the most important for as long as the evacuating power of the stomach is maintained without stasis it is possible for a patient to have an approximately normal digestion without serious impairment of health. Just so soon, however, as muscular insufficiency with stasis intervenes just so soon do you have a grave condition with impairment of metabolism. Contrary to the usually accepted idea of gastric physiology, the terminal portion of the stomach is alkaline, and in the fasting or

*Read before the Morris County Medical Society, Dover, N. J., March 15, 1922.

resting phase of the stomach there is a reflux of duodenal material into the antral portion of the stomach, the acidulation and acid digestion of stomach contents taking place in the proximal two-thirds.

In interpreting the symptoms that arise from disturbances of the gastro-intestinal tract we should have firmly in our minds two fundamental conceptions, one called by Bayliss the "law of the intestine," which states that stimulation of any part of the intestine leads to contraction above and relaxation below. This is a general law and is applicable to the entire alimentary canal. Essentially it means that under normal conditions contraction in one place is associated with relaxation just below. Meltzer called this the law of contrary innervation. The second fundamental conception is what is called the "law of average localization," which explains why visceral pain is most accurately located in viscera which do not move, such as gall bladder, esophagus, duodenum, ascending and descending colon, and rectum, and less accurately in the more freely movable organs, such as the small intestine and stomach. The brain learns to localize sensations in the area of the average position of the part from which they arise. The importance of these two laws in the interpretation of the symptomatology of abdominal conditions is very great, and we must recognize that disturbance of one part of the alimentary tract may manifest itself by symptoms in some distant portion.

It is a noteworthy fact that in the upright position the fundus of the gall bladder is lower than its outlet, that the gall bladder is rich in lymphatics, that it has essentially a terminal blood supply, that the gall bladder is incapable of completely emptying itself, that the bile within the gall bladder is essentially different than the bile in the common duct or the newly elaborated bile from the liver. Physiologically it is an interesting observation that while the secretion of bile is continuous, its flow into the duodenum is interrupted, in other words, by the tonic contraction of the sphincter of Oddi we have an intermittent flow of bile into the duodenum. It is of further interest to recall that the secretory pressure of bile as it descends from the liver through the common duct is by and of itself insuffi-

cient to open the sphincter of Oddi but requires the additional factor of the contractile pressure of the gall bladder to cause the relaxation of the sphincter of Oddi, and delivery of bile into the duodenum. All of these factors point to such a very nicely adjudicated process of neuro-muscular mechanism that it can be readily seen that the functional disturbance of one organ is very often the cause of reflex symptomatology in another.

In disease of the gall bladder it should be recalled that calculi are incidental and that the basis for the symptomatology is the infection present. For a long time gall stones were considered the only pathological evidence of a diseased gall bladder and the finding of gall stones at operation was interpreted as the essential pathological process. With refinement of diagnosis and the development of the x-ray and other laboratory procedures there came a change in the pathological conceptions of the affections of the biliary system. We now know that it is the infective process in the gall bladder itself that gives the surgical indication rather than the late or incidental occurrence of stones. In the strawberry gall bladder of Moynihan stones are absent, likewise in many other forms of cholecystitis where only atrophy and fibrosis of the gall bladder are present. With the widening of our pathological knowledge came an extension of the operative indication and likewise a change in the choice of operation as between a cholecystectomy and a cholecystostomy. Various theories have been advanced to account for the infection in the gall bladder. For a long time it was assumed that infection took place from the duodenum by way of the common duct. This idea of infection by continuity of tissue has not been found tenable for Coffey has shown that rupture of the duodenum takes place upon the injection of fluid before there is any reflux to the ampulla of Vater, and Archibald has demonstrated a very essential valvular mechanism at the ampulla to prevent reflux. The role of the portal vein in infection of the gall bladder has long been asserted. The path of infection in this case would be the transportation of infectious material to the liver and then subsequently elimination in the bile. This route would seem to be possible for three fac-

tors are necessary for the production of gall stones, namely (1) infection, (2) biliary stasis of some degree, and (3) foreign material, whether that foreign material is clumped bacteria or mucin is relatively immaterial. It has been demonstrated that virulent streptococci may be injected into the gall bladder without producing cholecystitis providing there is no interference with biliary drainage. Long ago the association of gall stones and typhoid fever was observed and it was supposed that there was a peculiar affinity between the biliary tract and the bacillus typhosus. Typhoid fever represents one of the best examples of a bacteremia with bacteria constantly in the blood current. In view of recent bacteriological work it is supposed that there is a selective affinity between certain types of bacteria and certain body tissues. Rosenow demonstrated that upon cultivating the bacteria obtained from the base of a gastric ulcer and injecting them into animals there was a selective affinity for the gastric mucosa with production of ulcer in about 75 per cent of cases. What is true of bacteria from ulcers is also true of cultures from the appendix and from the gall bladder. The path of infection in cholecystitis would seem to be by way of the blood stream with lodgment of infectious particles in the terminal blood vessels of the gall bladder with the production of changes in the walls and mucous membrane, and with secondary infection of the bile itself. If the bacteria possessed a certain degree of virulence the changes in the wall of the gall bladder would be of such severity as not to produce gall stones. If the bacteria were of less virulence they might produce minor changes with the production of stones. Most of the gall stones have their basic element in cholesterol and Payr has demonstrated that the cholesterol contained in pregnant women is about four to one in excess of the cholesterol contained in non-pregnant women. When this fact is correlated with the slight normal stasis of a bile from pressure of the gravid uterus it associates itself very readily with the clinical fact that gall stones exist about four or five times more frequently in women and that in the cases occurring in woman about four out of five have borne children, and the great majority (60 per cent.) of these date their

first attack from about the mid-term of pregnancy.

As soon as infection becomes established within the gall bladder symptoms manifest themselves. It seems definitely established that aside from the extremely rare intrahepatic or hepatic stones gall stones are always found within the gall bladder. By an analysis of a large series of cases operated upon for disease of the biliary system four well defined pathological conditions can be determined and which may ordinarily be translated into four sequential clinical pictures: (1) when the disease is confined to the gall bladder; (2) when there are attacks of biliary colic; (3) when calculous obstruction to the common duct intervenes with or with jaundice, and (4) when, as result of infection or trauma to the common duct, there are coincident lesions of the pancreas and adjacent viscera.

The palpatory diagnosis of disease of the gall bladder in cases not characterized by the presence of stones is fallacious and an opinion as to the normality of a gall bladder simply upon palpation is seriously open to question. There are, however, certain criteria in the absence of calculi that collectively may be taken to indicate that a gall bladder is pathological. Seriatim: (1) a loss of the normal color—the normal gall bladder possesses a distinctly olivary green tinge, occasionally shading to the blue. Under normal conditions it is never of a white or gray-brown color; (2) the walls of the normal gall bladder are quite thin and any increase in the mural thickness bespeaks infection. It is interesting to note in this connection that a mural infection of the gall bladder—usually non-calculous—represents a gall bladder that is never cured by cholecystostomy and one that primarily requires cholecystectomy; (3) the deposit of saffron-colored far up to and on the fundus of the gall bladder is distinctly an abnormal distribution and points to an infection of the wall of the gall bladder; (4) the presence of varying degrees of pericholecystitis. Personally, I am unable to account for some of the many adhesions that exist between duodenum and gall bladder, including the so-called "normal cystico-duodenal and cystico-colonic ligaments." We have found them so frequently in apparently normal persons without any disabling ang-

ulations and so far as we can determine in patients free of upper abdominal symptoms that the finding of an occasional adhesion between the gall bladder and the hepatic colon in the absence of symptoms must be accepted as of minor value in determining the degree of pathology; (5) the presence of hyperplastic lymph glands in the sigmoid curve of the cystic duct is indubitable evidence of an infection—past or present—of the gall bladder; (6) upon opening the gall bladder to find the mucous membrane papillomatous in character rather than smooth, with occasional minute cholesterine crystals imbedded in its substance is of primary importance in the diagnosis of the "strawberry" gall bladder. I place little value in the so-called inspissated bile as an evidence of infection for it is interesting to recall that the mucous membrane of the gall bladder is capable of absorbing water to a considerable degree thereby producing normal concentration of gall bladder bile. The mere passage of bile through the gall bladder from the cystic duct was found to concentrate it from two to four times, while the bile that enters the intact gall bladder may be concentrated ten times in twenty-four hours.

The inaugural symptoms of cholecystitis are those of a qualitative dyspepsia. The indigestion is due to motor and secretory disturbances in the stomach reflexly produced by infective changes in the gall bladder. In gastroduodenal ulceration the history reveals a distinct regularity in symptomatology, while in gall bladder disease the dyspepsia is vague, irregular, with an ill-assorted grouping of symptoms of flatulency, heartburn, eructations, belching, fullness, weight in the epigastrium, etc. This indigestion conforms to no rule and exhibits no constancy. It is characterized by an absence of periodicity, and its most predominant symptom is gas production. There is usually some tenderness along the right costal margin. There may be a catch in the right side upon taking a full breath, and occasionally after large meals a slight sensation of chilliness or goose skin sensation. This gaseous indigestion is characteristically made worse by the eating of any fried foods or greases or, less commonly, apples, nuts and cheese. There usually is some relief upon the raising or belching of gas, and almost complete

cessation of the symptoms upon vomiting. Occasionally the history is obtained of the patient retiring after dinner and voluntarily inducing vomiting with almost complete amelioration of the symptoms. It is noteworthy that the patient is relatively free from symptoms when the stomach is empty, in marked contra-distinction to duodenal ulcer, where the patient is usually at his best when food material is in the stomach. This form of indigestion may continue for a variable period of time and exhibit itself without any marked variation in the above picture. After a long or short period of the above qualitative dyspepsia there is introduced into the patient's history another symptom, different from any of the preceding symptoms and which is represented in a sudden, acute attack of agonizing pain. The onset of the second phase of symptoms is quite characteristic—out of a clear sky, without any warning or premonition the patient is seized, usually in the evening, with a sudden, intense, severe attack of cramp-like pain in the right upper quadrant. This pain comes on like a stroke of lightning, radiates through to the back, occasionally down the right side or up over the right chest, and less frequently toward the left breast. It is of maximum intensity, is associated with restlessness upon the part of the patient, and usually so severe as to require the presence of a doctor and an hypodermic injection of morphine. This agonizing pain lasts a variable length of time, four to six hours, disappears almost as quickly as it came, leaving a residual soreness in the right upper quadrant or along the right costal margin. There may or may not be in addition some temperature during the height of the paroxysm.

The ingestion of food under normal circumstances is accompanied by a reflex process which is not perceived—a subconscious reflex—and when pain arises from the ingestion of food it points to an irritable process of the cord through which these reflexes pass as a result of oft-repeated painful stimuli. The epigastric region is essentially the place to which sensory symptoms are referred and the upper part of the left rectus muscle usually contracts first in response to an irritation from the stomach.

Peptic ulcer is a distinct organic ulceration of the gastroduodenal portion

of the gut tube, and within its type the symptoms are constant, and, as a rule, characteristic. Variations in symptomatology depend to a considerable extent upon the localization, and 70 per cent. of all peptic ulcers are located so as to interfere with the emptying power of the stomach. In the diagnosis the history is all important. Palpation, percussion and auscultation give evidence of very limited value: chemical examination of gastric contents gives some confirmatory value only. The presence of gastric blood will be absent in over 75 per cent. of cases while roentgen-ray examination is positive in 67 to 80 per cent. of cases of duodenal and gastric ulcer respectively.

Ulcer of the gastroduodenal segment is located anatomically in three main places: (1) In the silent area of the stomach with no pyloric involvement; (2) on the pyloric segment with obstruction from spasm or invasion; (3) in the duodenal segment. Eighty-eight per cent. of all ulcers are characterized by a regular and uniform symptomatology and three symptoms stand out in unusual prominence: (1) Pain that bears some relationship to the time of ingestion of food; (2) chronicity—the symptoms extending over a considerable period of time, and (3) periodicity—in that the symptoms recur in exact similarity day after day with almost unvarying precision. Eighty-five per cent. of all ulcers of the stomach are situated on the pylorus, antrum or the adjacent three-fourths of the lesser curvature, and it is the regularity in the symptomatology of ulcer that makes the diagnosis possible. A loss of the periodic element with symptoms which suggest ulcer makes one suspicious of malignancy, for 99 per cent. of malignant growths of the stomach show an absence of periodicity in their symptomatology. Depending upon the localization of the ulcer we have certain specific features that go with each one. The ulcer in the silent area of the stomach is, as a rule, characterized, in addition to the above-mentioned symptoms, by the early habit of vomiting, the vomiting of undigested food with a tendency to be blood-streaked. The pyloric ulcer has early induced in its symptomatology a motor insufficiency with stagnation of gastric contents and vomiting of large quantities of retained gastric content and food rem-

nants of a previous day's ingestion. The duodenal ulcer has characteristically added to these three major symptoms nocturnal occurrence, usually after 12 P. M., and the complete alleviation of symptoms upon the ingestion of food, while all three types of ulcer acquire early and independent of the physician's advice the bicarbonate of soda habit. The ulcer near the cardia frequently, but not invariably, produces pain almost immediately after the ingestion of food; the ulcer at or near the pylorus from an hour and a half to two hours, while the pain in duodenal ulcer is much more constant in the time of onset, being between two and half to three hours after a meal.

One cannot consider the gall bladder and the stomach without drawing attention to the very intimate relationship between disease of the appendix and disturbed function of the pylorus. The ordinary post-mortem incidence of disease of the appendix is approximately 17 per cent. It is interesting to note that the appendix shows pathologic changes in 69 per cent. of the cases of cholecystectomy, whereas 55 per cent. show disease of the appendix in cholecystostomy. Gastric ulcer is associated with disease of the appendix in 54 per cent. of cases, while duodenal ulcer is associated with disease of the appendix in 66 per cent. of cases and in 15 per cent. of all laparotomies there are two lesions sufficiently severe to warrant operation. It must not be forgotten that chronic disease of the appendix may occasion a rather severe hematemesis. I have records of four cases of pronounced gastric hemorrhage which on very extensive abdominal exploration revealed no morbid process except in the appendix, and following an appendectomy there was a cessation of the gastric distress and gastric hemorrhage. Gastric hemorrhage has been experimentally produced by Rogers by injecting chemical irritants into the cecum and ascending colon, while irritation of the colon, per se, has been shown to bring about a gastric stasis and the delayed passage of food material through the small intestine.

The appendix in the adult has a very definite anatomical conformation. It is a blind tube with its narrowest portion at the cecum, known as the valve of Gerlach. It is essentially an organ with a terminal blood supply, except in 16

per cent. of females, where there is a connecting artery to the right ovary. It has a strong submucous layer which represents the distention strength of the appendix. This submucous layer is absent in children and hence accounts for the ease of perforation in children. We believe that the symptomatology of acute appendicitis is one of the most fixed and well ordered of all abdominal conditions. Its symptomatology is precise and, within the first 24 hours of its evolution, embraces the following chronological order of symptoms: (1) Pain: this pain is epigastric, confined to the region of the navel, and is colicky in type; (2) is followed by nausea or vomiting or both; (3) generalized abdominal sensibility; (4) temperature; (5) leucocytosis and ascending polynucleosis. One can explain this chronological evolution of symptoms by a consideration of the pathologic sequence of events in the infected appendix. The infection arises on the mucosa in 95 per cent. of cases; it is associated with tumefaction and tumescence and we have an angulation of the appendix with occlusion of the lumen or occlusion of the lumen at the valve of Gerlach. At this stage we have essentially an empyema, and the products of the infection are retained within the lumen of the appendix under pressure. One of three things occurs: (1) Gangrene of the appendix; (2) rupture, or (3) resolution by intracecal drainage of the contents of the appendix. These pathological states distinctly parallel the symptomatology. At the time the infection begins in the appendix we have a point of irritation below the small intestine and we have a disturbance of the law of the intestine with small intestine participating in an exaggeration of its normal peristaltic activity. As a result we have colicky epigastric pain from hyperactivity of the small intestine. The exaggeration of the function of the small intestine brings about generalized abdominal sensibility, and the activating agent in this trend of events is an infective process which produces the constitutional reaction of temperature, leucocytosis and polynucleosis. At the end of 18 to 24 hours the infection of the appendix has progressed to such a point that there is a peri-appendicitis with exudation or extravasation of appendiceal contents and the clinical picture is changed. The pain

becomes constant, not colicky, is confined to the right lower quadrant, associated with local tenderness and spasticity over McBurney's point, while temperature may or may not be elevated. The leucocytosis and polynucleosis, however, remain present.

Turning to chronic appendicitis one is confronted with an entirely different evolution of symptoms. The chronically infected appendix produces epigastric distress of indefinite intermittency. The symptoms are those of pain and distress more prolonged than similar occurrences in disease of the gall bladder, with increased acidity, vomiting, and eructations of sour material. Articles of food which at one time are associated with indigestion are eaten at other times with zest and relish. There is a long interval between the attacks in which the patient is free from symptoms. Each succeeding attack has a tendency to be more severe than the previous one by reason of the increased stenosis and stricture of the lumen of the appendix after each exacerbation. We believe that these symptoms are due to pylorospasm associated with hyperactivity and hypersecretion of the stomach, and may be designated as the pyloric syndrome of chronic appendicitis. This variability in the indigestion from disease of the appendix has been emphasized by Moynihan, who states that the most frequent site for the production of the symptoms of ulcer of the stomach is in the right lower quadrant.

The clinical differentiation of acute pancreatitis is sometimes difficult and the description of Fitz is even today the best epitome upon its diagnosis: "Acute pancreatitis begins with intense pain, especially in the upper abdomen, soon followed by vomiting, that is likely to be more or less obstinate, and not infrequently slight epigastric swelling and tenderness, accompanied with obstinate constipation. A normal or subnormal temperature may be present and symptoms of collapse precede by a few hours death, which is mostly likely to occur between the second and fourth day." Clinically, it cannot be distinguished from high intestinal obstruction. A number of men, Archibald particularly, have gone so far as to claim chronic pancreatitis is a common abdominal complaint and capable of diagnosis. "Given a case with acute abdominal

pain referred chiefly to the upper half of the abdomen, if upon examination one finds the greatest tenderness located in the epigastrium about midway between the umbilicus and the ensiform cartilage, extending perhaps 1 inch or 1½ inches to the right, and in particular a similar distance to the left also, while absent over the gall bladder region, if further in the history there are absent symptoms of gastric or duodenal ulcer, and there is no evidence of intestinal obstruction, then this case is in all probability one of pancreatitis."

The history of pancreatic or biliary carcinoma is distinct. The genesis of a tumor requires time and the history of the onset of jaundice in malignancy is succinct and characteristic. By slow growth a neoplasm initiates from day to day only minimal changes, whereas vascular or inflammatory processes produce extensive changes within a short time. Neoplasms of the biliary apparatus, the pancreas or the contiguous portion of the duodenum early invade or compress the termination of the bile and pancreatic ducts. Jaundice develops imperceptibly and without pain, so that from day to day, it seems hardly to advance in intensity, but without pause or hesitation, without intermitting or remitting, it progressively deepens in intensity from mild to severe, from lemon to black, until it becomes the typical icterus melas. Its evolution is not associated with colic and in its earlier stages is usually devoid of pain. It is not associated with chills, fever or sweats nor leucocytosis. With such a history malignancy is the probable diagnosis, and when this history is associated with a palpable or distended gall bladder the diagnosis is almost positive.

Cancer of the stomach occurs in three clinical groups: (1) the man who is perfectly well, who has an athletic stomach and who has never had any previous gastric distress. There comes into his history an abrupt sudden development of gastric distress. His symptoms suggest an acute ulcer of the stomach, with hemorrhage, but at the end of three or four weeks the man has lost physically beyond what would be expected of a simple ulcer. His anemia has become more pronounced, with a distaste or aversion for food, and finally from the anemia, emaciation and beginning cachexia the diagnosis of rapidly growing

carcinoma is made. This type constitutes about 30 per cent. of all cancer cases and has an average duration of eight to ten months. The second group and by far the largest proportion, about 60 per cent., is represented by the patient who has a perfectly clear-cut history of chronic gastric ulcer extending over a period of years. A form of gastric distress characterized by periodic discomfort or pain, usually bearing a distinct relationship to food ingestion and with some vomiting. His previous gastric history covers a period of eight to ten years with intermittent attacks of typical ulcer history. Finally there comes an attack from which he does not respond to the medical treatment that heretofore has proved beneficial. The pain becomes constant, marked distaste for food intervenes with particular aversion to meat; blood is constantly present in the stool and vomitus and he has an average duration of cancer symptoms of approximately six months. The third group, of about 10 per cent., is represented by the patient who has a typical history of gastric trouble from which he nearly but never quite recovers, and after a variable period of time progressively but very slowly becomes worse, with a distinct distaste for food, and without any interruption progresses to a well-defined cachectic condition of malignancy.

DIABETES IN THE NEGRO. WITH REPORT OF EIGHT CASES.

By Hyman I. Goldstein, M.D.,

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Camden, N. J.

It has been thought very commonly that diabetes in the negro is quite unusual. While diabetes among negroes has not been so common comparatively, as among the white population, it nevertheless is met with more often than one is led to believe, from a careful review of the available literature on the subject. One would expect to find syphilitic pancreatitis more commonly among the colored patients, because of the greater frequency of positive blood Wassermanns among them. While it is true

that syphilis is quite prevalent among the colored, diabetes is certainly not very common. In a series of about sixty-five (65) cases of diabetes mellitus—43 hospital cases and 22 dispensary cases, (Polyclinic Hospital), whose records were reviewed, (8) cases occurred among the colored patients, of these, 6 were females and 2 were males. **None** of the cases in which blood Wassermann tests were made were positive. This certainly is most unexpected, in view of what Warthin believes to be the case. If syphilis were such a very important factor in the causation of diabetes, then we should have many more diabetics both among the negro and white population, and particularly among colored patients that come to our clinics.

Warthin in the *Am. J. M. Sciences*, concludes that latent syphilis is the chief factor in the production of the form of pancreatitis most frequently associated with diabetes, but that diabetes is not always coincident with severe degrees of this type of pancreatitis. Lemann (*Am. J. M. Scs.*, August, 1921, p. 226) does not believe that syphilitic pancreatitis is the common cause of diabetes mellitus. He states that while this disease is not rare in the negro, still the incidence is not as great among them as among the whites. He concludes that there is no relation between the incidence of diabetes mellitus and syphilis and that there is an unexplained immunity of the negro race to the production of spirochetal pancreatitis just as there is an unexplained immunity of the race to the production of locomotor ataxia. Lemann (*Southern Medical Journal*, July, 1921, p. 522) disagrees with Warthin on the relationship of syphilis to diabetes. He based his studies on cases admitted to the Charity Hospital, New Orleans. Where he found diabetes less common among the negroes than among the white, although syphilis was more prevalent among the negro population.

Dr. Pancoast (February, 1898) at the request of Dr. Osler, reported a case of diabetes in a colored man aged 50 years before the Johns Hopkins Hospital Society. This patient had signs of tabes dorsalis and pulmonary tuberculosis. Dr. Fitcher stated that diabetes is a rare disease in the colored race. Of 69 cases of diabetes in the Johns Hopkins Hospital up to May, 1897, there had been 5 in the colored race, or a percentage of

7.2. Of the 6 cases (including Pancoast's case), 4 were women and 2 were men.

In children, girls have diabetes more frequently than boys, in the adults (white) the ratio of the male to the female cases is about 3 to 2. Pancoast, in presenting his case, said that "diabetes in the negro is rather rare." The patient's blood and urine gave the Bremer (St. Louis) reactions for diabetes. Lemann (1921), however, states that "it was formerly thought that diabetes mellitus was relatively rare in the negro. While this disease is not rare in the negro, still the incidence is not as great among them as among the whites."

At the Charity Hospital, New Orleans, during (1898-1909) a period of twelve years there were 45 white diabetics and 19 negro diabetics in 61,298 admissions. The negroes furnished 40% of the admissions and only 30% of the diabetics. The total incidence was 0.63 per 1000. The incidence among the whites was 0.72 per 1000, while among the negroes it was only 0.47 per 1000. During 1910-1919—in 160,044 admissions there were 135 white diabetics and 59 negro diabetics. The negroes furnished 43% of the admissions and only 30% of the diabetics. Krishnamurti Aiyer, in his paper on "Diabetes in Madras," *Indian Medical Gazette*, states that the disease was rare among the Brahmins of the Madras Presidency a few generations ago and that it is even now rare among the women, and more so among the widows. He then explains the reasons for these differences.

Alfred C. Reed in his paper on "Diabetes in China," concludes that it is less common in China than in the West, and that it will be found increasingly prevalent in China, as observation is extended more widely to the better classes of society. J. L. Maxwell was able to find only two cases in 12,000 in-patients in China. Lambert found only one case of diabetes in 24,000 out-patients in Nanking, all drawn from the lower classes of society. J. P. Maxwell, reported 11 cases of diabetes from Yungchun, Fukien, while Dr. Park reported 8 cases in five years out of 3,000 to 5,000 persons seen annually in Soochow, Kiangsu. His practice is restricted to first-class patients. Mosenthal (*Tice*, Vol. IX) says, "The Jewish race have, according to many, been disproportionately subject to diabetes. In the dispensaries of

New York and Baltimore, this fact is very evident. The Hindus in India are peculiarly susceptible to this disease. It occurs not infrequently in the colored population." Whether the general impression that it is less common among them than among white people is warranted or not is correct is a question to be determined.

Allen, in Nelson's Medicine, Vol. III, says, "Negroes are by no means immune and correct statistics may show a rather high incidence among those in America, perhaps related in part to the frequency of syphilis. The Japanese, however, seem to afford an example of high racial immunity. Joslin, in Oxford Medicine, Vol. IV, mentions the fact that "heredity and obesity unite to explain why the incidence of diabetes in the Hebrew race is more than double that in non-Hebrews." He says nothing about the negroes, Japanese or Hindus.

Summary and Conclusions.

1. Eight cases of diabetes in the negro are reported in this paper, six females and two males, in a series of 65 cases of diabetes mellitus.

2. Diabetes in the negro is much less common than in the white population as seen in the Medical Clinics of our hospitals.

3. Syphilis is not an important causative factor in negro diabetics.

Report of Cases.

Case I. Ethel B. Dixon, Colored. Female. Admitted Dec. 1, 1920, to hospital. Discharge Dec. 24, 1920. Dressmaker. Age 33. Service of Dr. Albert E. Roussel. Complaining of weakness and loss of weight. Father died of pneumonia. Mother, 4 sisters and 3 brothers living and well. One brother died from T. B., one sister died from dropsy.

Previous History: Had measles, whooping cough and typhoid fever in childhood. Appendectomy, tubes and ovaries removed.

Present Illness: Entirely well until last February (1920), when she began to feel tired. She had polyuria about the same time. Two months ago (October, 1920) began to have great thirst and drank large quantities of water. Ankles began to swell last August (1920) and had sensation of pin pricking in ankle. Has had cramps in right leg which would awaken her in the morning. Hands and feet are cold. No

itching, or burning on urination. No pruritis. Has been weak, and felt as "if legs would give way." Lost 30 pounds in two months. Constipation. Shortness of breath on exertion. At times has pain over the heart and palpitation. Is very nervous. No dizziness, no faintness.

Physician Examination: Well developed and nourished adult colored woman. Weight 168½ pounds. Eyes—react to light and accommodation. Nose—some catarrhal condition. Ears—negative. Mouth—distinct sweet odor to breath. Teeth generally poor; many filled and capped. Tongue—heavily white coated. Throat—negative. Neck—no adenopathy, no thyroid enlargement.

Chest: Lungs: negative, except for some impairment over left apex. Heart: Negative. Blood pressure: S. 120/D. 70. Abdomen: Negative. Large scar on abdominal wall. Extremities: Reflexes normal. No deformities. Dec. 4, 1920—Alveolar air 35; Dec. 10, 1920—alveolar air 27.5; Dec. 9, 1920—alveolar air 25.

Voided 24 ounces urine first day, then 33, 59, 60, 73½, 25, 32, 35, 24, 56, 52 48, 38, 58½, 52, 48, 40, 46, 50, 48, 42, 50. Intake Water (24 hours) 30 ounces, 28, 70, 72, 72, 30, 40, 30, 30, 63, 56, 38, 32, 52, 48, 50, 30, 42, 48, 46, 50, 48.

December 24, 1920, weighed 162½ pounds.

Urine Analyses: 12/3/20, straw color; alkaline reaction; no albumin; no sugar; no R. B. C.; no crystals. 12/4/20, 24 hour specimen; sugar 3.6%; no acetone; no diacetic acid. 12/7/20, trace albumin. Sugar present. 12/8/20, 11.30 A. M. Trace albumin. Sugar 3%; no acetone; no diacetic acid; 11.30 P. M., 5% sugar; acetone present; no diacetic acid. 12/9/20, 11.30 A. M. No sugar; no acetone; no diacetic acid, 12/22/20. Urine analysis entirely negative.

12/2/20, Blood count: R. B. C., 4,540,000. W. B. C., 9,070. Hemoglobin, 90%. Differential—small lymphs 30%, Baso 1%. Large lymph, 1%. Trans. 1%. Polys., 65%. Eosin, 2%. 12/6/20. Blood—urea nitrogen, 12.3 mgm. per 100 c.c. Creatinine, 1.96 mgm. per 100 c.c. Blood sugar, 290 mgm per 100 c.c. 12/6/20., Blood Wassermann — Antigen I cholesterinized. Antigen II, Alc. syph. liver. Antigen III, Acet. Insol. lipoids—negative. Quantitative—Negative: Serum 0.1 cc., 0.02 cc., 0.004 cc., 0.002 cc., 0.001 c.c. (Hecht-Gradwohl.)

12/2/20. Feces: diarrhoeic of fluid consistency and of green color; no mucus; no blood; no pus; bile present; alkaline reaction; no curds; no concretions; no parasite; no ova vegetable fibres; muscle fibres; calcium soap; bacteriological exam. predominantly gram negative.

I have carefully watched her condition during the past six months; she is doing very well, and the urine is now persistently free from sugar and has been so for many months. She still occasionally comes to our clinic (Polyclinic Hospital, University of Pennsylvania, Dr. A. E. Roussel's service) for urine analysis; and is kept under observation as a "latent" or subdued case of diabetes. She was admitted to medical ward 2/16/22. Discharged 2/23/22. Temp., P. R. normal.

2/16/22 Urine Analysis. Amber, no sediment, acid, S. G. 1.010. Faint trace albumin. No casts. Few round epithelial cells. 2/19/20 Blood Count—R. B. C., 4,900,000; W. B. C., 7,560; Hemoglobin, 70-75% Talq.; 82% Sahli. Differential Small lymph, 21%; large lymph, 1%; transitionals, 8%; polymorph., 69%; eosinophiles, 1%.

Sugar Tolerance: Sugar I, 89 mgm. per 100 c.c. of blood; II, 317 mgm. per 100 c.c.; III, 202 mgm. per 100 c.c.; IV, 92 mgm per 100 c.c. Blood Chemistry: Urea—N. 10 mgm. per 100 c.c. blood; Creatinine—1.3 mgm. per 100 c.c. blood; Sugar, 87 mgm.; Uric Acid, 2.5 mgm.; Chlorides, NaCl 462; 280 mgm. per 100 c.c. blood.

2/20/22 Basal metabolism—Rate plus 4. Blood pressure S. 120-D. 65. Weight 139¼ pounds. Height 5' 1".

Case II.—Patient: Edward Crawford, negro. Dispensary No. 22929. Polyclinic Hospital. Married; age 48; barber. Came to the Medical Clinic (Dr. A. E. Roussel's service) complaining of fullness over epigastrium (March 23, 1920). Discharged May 10, 1921.

Urine Analysis: Sugar, 1.05%. Diacetic acid present. 4/8/20 Amber, acid, 1.015, cloud of albumin, sugar present, 1.1%. No acetone; no diacetic acid; few hyaline and fine granular casts; few leucocytes; no R. B. C.; no crystals. 4/22/20 Light straw color; acid reaction; trace albumin; no casts; no R. B. C.; fine uric acid crystals; sugar, 5.2%. 6/17/20. No sugar; no acetone; no diacetic acid.

Case III.—Carrie Armstrong, colored woman; aged 55 years; married; two children living and well; two miscarriages. Chief complaints: Backache, headache, polyuria. Parents dead. Menopause 4 years ago. Polyuria for some time. Pruritus and furuncles. Urinates very often during day. General physical examination unimportant.

Urine Analysis: Acid. s. g. 1035; very faint trace albumin; sugar, 2.1%; leucocytes—numerous clumps; few squamous cells; urates; yeast cells. Differential blood count: Polys., 52%; small lymphs, 40% large lymphs, 2%; Transitionals, 3%; Eosinophiles, 2%; Baso, 1%.

Blood Chemistry, per 100 c.c. blood: Sugar, 152 mgm.; Creatinine, 1.4; Urea-nitrogen, 16 mgm.

Case IV.—Felix Sabah, aged 56; Dr. A. E. Roussel's service, Polyclinic Hospital. Laborer; negro. Complains of pain in the chest, loss of weight, and weakness in his knees. Admitted toward Sept. 3, 1920; hospital record, 4234; Disp. record, 7927. F. H. Two brothers died of yellow fever. Two sisters living and well. P. H., had measles and mumps. Three weeks ago, began to have pain in the chest, and shortness of breath; suffers from headache; very costive. General physical examination negative. Weight 110¼ pounds.

Urine Analysis: 9/7/1920, shows no acetone; no diacetic acid; sugar, 3.5%; no albumin; no casts. 9/10/20. Sugar, 1%. 9/7/20. Blood sugar—340 mgm. per 100 c.c. whole blood.

Case V.—Elizabeth Wynne, admitted January 6, 1921; Dr. Geo. M. Piersol's service, Polyclinic Hospital; Hospital Record 6715. Aged 55; negress. Complains of frequent urination. Parents died aged 72 (father) and 82 years (mother). P. H., Patient had scarlatina, diphtheria, smallpox, typhoid fever; had eight children; two living and well; six died soon after birth. About four years ago began to lose weight rapidly. She had great thirst and passed large quantities of urine frequently.

General examination: Lungs: few moist rales are heard over both bases, posteriorly. Expansion is good and equal. Heart: slightly enlarged toward the left; systolic murmur heard at apex and transmitted into the axilla. A systolic murmur is also heard at the second right interspace and is transmitted into

the neck. Abdomen: negative. Weight, 149½ pounds. Blood Pressure: S. 190-D. 100.

Urine Analyses: Showed sugar varying from 5%-1.43% (Jan. 7, 1921-Jan. 24, 1921). S. G., 1.035. Acid. Trace of albumin. No casts. Blood Chemistry: Blood sugar, 260 mgm. per 100 c.c. Whole blood; urea-nitrogen, 10.7 mgm.; nonprotein-n. 54.6 mgm.; creatinine, 1.92 mgm. per 100 c.c. blood. Blood count: R. B. C., 5,300,000. W. B. C., 8,300 Hb., 92%. Blood Wassermann—negative (quantitative). 1/11/21. Alveolar Co.—18; 1/13/21 Alveolar Co.—15, (reagent apparently, bad).

She has an old osteoarthritis of the right hip with destruction of the head and neck of the femur. There are also calcareous deposits about acetabulum and heard of femur. (Roentgenographic report).

Case VI.—Hattie Marlow, Dr. Goepf's service, Polyclinic Hospital, Graduate School, University of Pennsylvania. 3/2/21, Complains of dizziness, and occasional sharp supraorbital headache for nine months. At times she cannot stand because of dizziness. Lost 17 pounds in past two months. Drinks ten glasses of water daily. Ringing in the ears at times. Sharp cutting pains around umbilicus. F. H. All are obese. An older sister has diabetes mellitus. P. H. Menses began at 13 years, normal. Two still-births; no miscarriages. Urinates twelve times during night. Married eight years.

Examination: Obese colored woman. Some pyorrhea present. Throat negative. Blood pressure S. 135-D. 100. Heart and Lungs: negative. Urine Analysis: Showed sugar present, varying from 2.2% to 6.6%. Specific gravity 1.035. Aug. 5, 1921-Nov. 10, 1921). No diacetic acid; no acetone; trace only albumin. Baranay tests: normal. Urine analysis, January 9, 1922, showed no acetone; no diacetic acid; sugar 4.2%.

Case VII.—Mary Bell Johnson, negro; 8/30/21-9/30/21. Dr. Goepf's service, Polyclinic Hospital. Hospital Record 12252. Housework. Itching on inner side of thighs; epigastric pain and headache. F. H. negative.

P. H. Had measles and mumps; otherwise well; married; five children; no miscarriages. For past two years has had continuous itching on inner side of thighs. For past six or seven years has

complained of pain in left lumbar region, continuous and sometimes sharp, radiating up back around tip of scapula. Occipital headache off and on for six or seven years; polydipsia, polyuria, nocturia, severe burning, on urination. Periods regular. Last child 20 years ago. Menopause at 45 years. Weight 117½ pounds. Blood pressure S. 114, 120-D. 68, 68.

Urine Analysis: 8/31/21. 1.018; trace albumin; sugar positive; no casts; few leucocytes; few amorphous urates. 9/7. 1.020; no albumin; no casts; no sugar; no R. B. C.; amorphous triple phosphates. 9/1/21. Renal Function Test. 1st, 40%; 2d, 10 % 3d, 5%; Total 55% 3 hours. 9/3/21 urine analysis 1.035; sugar 1.86%; no acetone; no diacetic acid.

8/31/21, Blood Count: R. B. C. 5,130,000; W. B. C. 13,200; Hb. 75%; small lymph, 40%; large lymph, 4%; Trans., 1%; Polym., 55%, (Dr. Dardin). Blood Chemistry, 8/31/21: Sugar, 286 mgm. per 100 c.c. blood; Nonprotein-n., 30 mgm.; Urea-n., 19; Creatinine, 2.6; Chlorides, 255 mgm. cl. per 100 c.c. blood or 421 mgm. as NaCl. (Dr. Cowan). 9/13/21, Blood Sugar, 150 mgm. per 100 c.c. blood; Nonprotein-n. 32; Urea-n., 14; Creatinine, 1.6.

9/15/21, Urine Analysis: S. G. 1.020; Sugar, .62%; diacetic acid and acetone negative (Dr. Darden); 9/20/21, total 1640 c.c. urine sugar present; 9/21/21, total 1500 c.c. negative for sugar; 9/23/31, blood sugar, 68 mgm., urea-n., 25 mgm. 9/28/21, urine; no sugar; 1900 c.c., S. G. 1.010. 8/31/21, Blood Wassermann negative. (Yagle and Kohner). 9/1/21, Gastric Analysis: 40 c.c. normal gross appearance. Total acidity, 28; free Hcl., 4; combined acids, 14; acid salts, 10; lactic acid—positive; blood—positive; starch and fat—negative.

Specimen	Total	Free Hcl.
1	22	
2	20	
3	50	
4	26	20
5	16	

Eye Examination: Media O. D. appears clear. Disc large, oval 90%; central cup, outlines clear. Fundus normal. O. S. shows spots of opacity on lens capsule. Vitreous shows floating opacities. Disc and other details seen slightly hazily, probably due to vitreous changes. Disc large, slightly oval, healthy color and central cup. No lesion of retina or

choroid apparent through undilated pupil. R. 6/30. L. 6/15.

9/28/21, Hearing slightly decreased. Tubal stuffiness. Contraction of both drums, particularly the left. (Dr. H. S. Wieder). Nothing of importance on physical examination, except marked perineal relaxation and huge cystocele. Reflexes normal. Small tumor on inner side of calf of left leg about size of a large almond and fixed to the skin. Eczema of both thighs.

Case VIII.—Eliza Hoffman, Philadelphia. Housewife. Negress; age 55; married. Dr. Goepp's service. Complained of pruritus vulvae for three or four months, and with this had polyuria and excessive thirst.

4/16/20, No. 1964 (Polyclinic Hospital). Hospital-Record. Urine Analyses: Sugar, Apr. 8th, 1.8%; 9th .98%; 10th, neg.; 12th, 4.3%; 13th, 2.02%; 14th and 15th, neg. Acetone, negative each above days as was diacetic acid.

Acid: Mar. 29th, 1.030; Apr. 7th, 1.025. Albumen, none. Sugar, plus, March 31st, 3.01%; April 25. 7.1%; 10th and 12th, negative; April 13th, 2.8%. Casts, none. W. B. C., few; diacetic acid, none. Acetone, a trace several days.

THE ORGANIZED RESERVES.

By Col. David A. Kraker, M.R.C.,

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On June 4, 1920, Congress passed the National Defense Act, which created for the first time in the history of the United States, a Definite Military Policy.

This act, contemplates, the Army of the United States, of three components, each independent and interdependent: 1, the Regular Army; 2, the National Guard; 3, the Organized Reserves.

1. The Regular Army: is to be efficiently organized to provide garrison for our home and overseas possessions, the Coast Defense, and further to furnish sufficient personnel, commissioned and enlisted for the training and organization of the National Guard and the Organized Reserves; and to be the First Line of Defense.

2. The National Guard: to be part of the first line of Defense; in conjunction with the Regular Army, and to be used when necessary to maintain peace within the individual States.

3. The Organized Reserves: to be the main reserve of the National Defense; to be organized in Peace into Armies divided into corps, and Divisions necessary to compose a complete force in conjunction with the other two components, which in time of emergency and with the draft of the citizens, called at the time, will be the whole defensive power of the Nation.

To accomplish the purpose of the Act, definitely requires the appreciation and co-operation of the entire citizenship of the nation. America has been called upon often to defend her peace, in the short period of her history; and in each instance she has been victorious, but with a tremendous sacrifice unnecessarily of lives and wealth; after each war the people settled back, forgot what experience should have taught, and in the next emergency began again to throw lives and money without stint into the maw of war, without considering the need for preparedness in the interval.

As long as humanity is constituted as it is, as long as individuals hate and envy, so long will states and nations disagree, and so long will there be war. The World War would have been materially shortened if not wholly prevented, had we been prepared in 1914 as we will be in the future, under this policy; providing the people of the nation by their co-operation insist that Congress shall provide for its enforcement.

Under this act, the country is divided into nine Corps Areas, each constituted of approximately equal man power. In each area there are six divisions: one division of Regular Troops, two divisions of National Guard Troops and three divisions of Organized Reserves.

In addition to the divisional organizations, there are being formed Corps, Army, and G. H. Q. Units, for attachment to each Field Army; a Field Army will be composed of all of the units, divisional, corps and Army, located in three Corps Areas.

Each Field Army will be complete, containing every organization necessary; combatant, troops of the line of communication and all types of organization for duty at the base.

The personnel, commissioned, are being assigned from the list of the Officers' Reserve Corps in all branches of the service. The General Staff have perfected plans for a complete mobilization of

the man power, and the industries of the country; if this policy is continued, future emergencies will find the entire Nation effectively organized for the defence of the country.

The historical services of the divisions composing the National Army during the World War have been perpetuated, in the designation of the Divisions of the Organized Reserves and the National Guard, by their assignment to the geographical areas in which they were originally organized. In the Second Corps Area, comprising the States of New York, New Jersey, and Delaware, are established, the 77th Division in South ern New York, the 78th Division in New Jersey and Delaware, and the 98th Division in Northern and Western New York.

The allotment of troops to the Divisions, is based upon an equal distribution of man power, by Congressional Districts. This establishes a definite Unit of the Division in each of the twelve Congressional Districts in the State of New Jersey, for the 78th Division. The location of the Units of the Division are as follows:

Units	Station	Congressional District
Headquarters, 78th Div....	Newark	1 to 12
155th Infantry Brigade....	Elizabeth	1-2-3-8 11-12
309th Infantry	Camden	1-2-3
1st Batt., 309th Infantry..	Camden	1
2nd Batt., 309th Infantry..	Atlantic City	2
3rd Batt., 309th Infantry..	New Brunswick	3
310th Infantry	Jersey City	8-11-12
1st Batt., 310th Infantry...	Jersey City	8-11-12
2nd Batt., 310th Infantry...	Hoboken	8-11-12
3rd Batt., 310th Infantry...	Bayonne	8-11-12
156th Infantry Brigade....	Newark	4-5-6-7-9-10
311th Infantry	Trenton	4-5-6
1st Batt., 311th Infantry...	Trenton	4
2nd Batt., 311th Infantry...	Elizabeth	5
3rd Batt., 311th Infantry...	Hackensack	6
312th Infantry	Newark	7-9-10
1st Batt., 312th Infantry...	Newark	9-10
2nd Batt., 312th Infantry...	Newark	9-10
3rd Batt., 312th Infantry...	Paterson	7
153rd Field Artil. Brigade...	Bayonne	1 to 12
303rd Ammunition Train....	Jersey City	11-12
308th Field Artillery.....	Perth Amboy	1-2 3-4-5-8
1st Batt., 307th Field Artil.	Trenton	1-2-5
2nd Batt., 307th Field Artil.	Elizabeth	4-5-8
208th Field Artillery.....	Hoboken	6-7-9-10-11-12
1st Batt., 308th Field Artil.	Jersey City	6-11-12
2nd Batt., 308th Field Artil.	Newark	7-9-10
303rd Engineers	Paterson	1 to 12
1st Batt., 303rd Engineers...	East Orange	3-4-7-8-9-10
2nd Batt., 303rd Engineers...	Camden	1-2-5-6 11-12
78th Div. Air Service.....	Atlantic City	1 to 12

Tables of organization now provide, that the Medical Units of a Division are combined in a Medical Regiment, the Commanding Officer of which is the Division Surgeon, and in charge of all Medical Department activities, which include the Medical Detachments assigned to the regiments and other units of a Division. The 303rd Medical Regiment, 78th Division, has headquarters in New-

ark, and the Units are located as follows:

Units	Station	Congressional District
303rd Medical Regiment....	Newark	9-10-11-12
Service Company	Newark	9-10-11-12
303rd Med. Supply Sec....	Newark	9-10-11-12
303rd Med. Lab. Section...	Newark	9-10-11-12
303rd Veterinary Co.....	Newark	9-10-11-12
San. Batt., 303rd Med. Rgt.	Passaic	1 to 12
307th Sanitary Co.....	Perth Amboy	1-2-3-4
308th Sanitary Co.....	Passaic	5-6-7-8
309th Sanitary Co.....	East Orange	9-10-11-12
Amb. Batt., 303rd Med. Rgt.	Elizabeth	1 to 12
307th Amb. Co. (Animal)...	Camden	1-2-3-4
308th Amb. Co. (Motor)....	Hoboken	9-10-11-12
309th Amb. Co. (Motor)....	Elizabeth	5-6-7-8
Hosp. Batt., 303rd Med. Rgt.	Jersey City	1 to 12
307th Hospital Co.....	Trenton	1-2-3-4
308th Hospital Co.....	Jersey City	7-8-11-12
309th Hospital Co.....	Orange	5-6-9-10
Division Train, 78th Div...	Newark	1 to 12

The Constitution provides, that each able-bodied male citizen of the United States, is a potential part of the National Defense. The Military Policy, now the law of the country, provides for the calling of all of the citizens, to the colors in the event of an emergency. Experience has definitely shown that the nation adequately prepared to resist invasion and to repel force, is allowed to enjoy the benefits of peace for a greater interval. It is therefore the duty of every citizen to devote to the service of his country in time of peace, a minimum of time, so that he may be prepared in the event of a crisis to properly function in his allotted place.

Armies cannot be organized, or made effective, without a properly organized and efficient Medical Department. The World War called into the service between April 7, 1917, and November 11, 1918, 35,000 physicians; of this number at the time of the Declaration of War, less than 1,500 were acquainted with the duties which they were expected to perform. As a result of the lack of preparedness, it required months of intensive training to give even a minimum of knowledge of the duties of an Army Medical Officer to the thousands called; all of which caused a long delay in our ability to place troops upon the line, and would have been a serious misfortune to the country had we been called upon to defend our country at home, without the aid of the Allies. Every physician in the State of New Jersey should consider his individual duty in relation to this problem of Preparedness.

In the assignment of Medical Officers, their personal wishes are consulted. Officers are divided into two groups, those for assignment for duty with troops,

the Territorial Group, and those for assignment in purely professional capacity, the Branch Assignment Group. It is the purpose of the Surgeon General to attach each officer to a definite Unit for training, with the purpose that in the event of an emergency he shall be trained and the Unit organized, ready to function after mobilization with a minimum of delay.

Former officers will be commissioned in the highest grade which they held during the World War. Promotion to the next higher grade will be possible after a completion of three years' service in the present grade, time spent in the grade between April 7, 1917, and November 11, 1918, will count as double time for this purpose. Physicians entering the service for the first time will be commissioned in the grade of first lieutenants.

The necessary time for training purposes during the year will average five hours per month. Program of training will consist of lectures, conferences and correspondence courses, the latter arranged to train each officer in his specific duties. The summer training period will consist of fifteen days' field training at which time officers will be ordered to active duty and receive pay and emoluments of rank. This training will be voluntary, each officer will have forty-five days' notice previous to being ordered for such duty and will have the right of refusal providing he finds it inconvenient to give the time.

A conference is being arranged to which all physicians of the State are invited, to be held during the meeting of the New Jersey State Medical Society, at the Monmouth, Spring Lake, New Jersey, on Thursday, June 22, 1922. The Chief of Staff of the 78th Division, Colonel William M. Morrow, U. S. A., and other officers will address the conference.

The Division Surgeon, Colonel David A. Kraker, M. R. C., 126 Clinton Avenue, Newark, N. J., will be glad to furnish any information upon request.

Medicinal Use of Whiskey.—In the twenty-four States of the Union in which permits for the prescribing of whiskey may be issued, there are 112,238 practicing physicians. Of these only 33,379 (29 per cent.) have taken out permits. Evidently the remaining 71 per cent. do not regard whiskey as of enough value in the practice of medicine to go to the trouble of taking out a permit.—*Jour. A. M. A.*

THE SCHICK TEST AS A PUBLIC HEALTH MEASURE.*

By **Joseph Shapiro, M.D.,**
Union Hill, N. J.

The Schick Test which was first published in 1913, is today recognized as one of the most valuable and accurate means of determining the susceptibility or immunity against diphtheria. Since this discovery Zingher and Park have perfected a toxin-antitoxin for the active immunization against this disease and have, in the past eight years rendered immune almost 150,000 school children in New York City. This immunity, in the opinion of these workers is in all probability, life-long.

The technique of the Schick Test is of great importance. Errors in technique may lead to erroneous interpretations and in the hands of some may be the means of making this valuable procedure unpopular with the laity. The technique depends upon three factors:

- 1, The toxin used must be reliable and of standard strength; 2, the injection must be **intra**dermal, and not subcutaneous; 3, the reading of the results must be accurate.

According to Zingher the toxin should not be overdiluted so that the individual who should give a positive reaction will give a negative reaction. It must neither be so strong that a local area of severe necrosis will develop at the site of the injection. The outfit as devised by Zingher is now supplied to physicians by the New York City Department of Health. It consists of a small glass capillary tube containing the undiluted toxin, a small rubber bulb for expelling the toxin and a 10 c.c. bottle of saline in which the toxin is diluted before use. The toxin is potent for six months, if kept in the cold. Once it is diluted it will not keep for more than 24 hours and should not be used after that time. With one of these outfits 35 individuals can be Schick tested. For testing large numbers, Zingher prepares the dilutions from bulk toxin in a special manner.

A 1.0 c.c. Record syringe and a 26-gauge 1/4-inch steel needle should be used for the Schick Test. The injection must be made intradermally and not subcutaneously. Sterilization with al-

*Read before the Hudson County Medical Society, March 7, 1922.

cohol is sufficient, care being taken in working with large groups that the sterilization is done after each test. About .2 c.c. of the diluted toxin is injected on the flexor surface of the right forearm about $2\frac{1}{2}$ inches below the bend of the elbow. In the left arm at about the same level, the control test is made with a toxin which has been heated to 75 degrees C, for ten minutes. The control outfits are supplied in the same convenient form as the Schick outfit.

The readings are interpreted as **positive** or **negative**. For our practical purposes these terms are sufficient. Zingher classifies his readings as: (a) positive; (b) positive-combined; (c) negative; and (d) negative-pseudo. The first two indicate susceptibility and the last two immunity to diphtheria. A positive reaction shows an area of typical redness at the site of the test. At the site of the control there is no reaction. A faint brownish spot is all that is visible on the control area. The readings are made at the end of 96 hours. Any readings prior to that time may lead to erroneous conclusions. In the so-called negative-pseudo cases, both sites, the test and the control will show an equal area of redness or purple discoloration of about the same size. These must be interpreted as negative. The reaction reaches its height on the fourth or fifth day. The redness then fades after a week or ten days, leaving in its place an area of brownish pigmentation which may last from a few weeks to three or four months.

For immunization, a mixture of toxin-antitoxin in .1 c.c. doses is employed. It is extremely important that reliable mixtures that have been carefully tested be used. These injections are given at the insertion of the deltoid, subcutaneously with an ordinary hypodermic syringe or a record syringe using a 24-gauge $\frac{1}{2}$ or $\frac{3}{4}$ inch needle. I found the $\frac{1}{2}$ inch needle perfectly satisfactory. The injections may be given one or two weeks apart. Three injections are given for complete immunization. At the end of six months Schick re-tests are made to determine whether immunity has been established. According to Park and Zingher, about 95% to 97% of immunity is established. In their observations of over eight years it has thus far persisted, and in their opinion is probably permanent.

The local and constitutional reactions after injections of toxin-antitoxin vary with different individuals. We found that very young children scarcely showed any constitutional reaction and very slight local reaction. The older groups, from 10 years upward in many instances, showed both severe local and constitutional reactions. The temperatures in none that were observed by us was any higher than 103.0F. The constitutional disturbance subsides in 24 to 48 hours in the great majority of cases. The local swelling and induration may last for four or five days. A peculiar bluish discoloration may surround the entire arm even below the elbow. In a few instances it may reach as low as the wrist. This is by no means, from my observation an alarming phenomenon, as some people might think. Parents must be assured that there is no "blood poisoning," as they are apt to be alarmed when the swelling and redness extend. They all subsided in our town and were ready for their second shots a week later. We had anticipated about 75% refusals for the second dose of toxin-antitoxin. Instead we had about 10 refusals in all out of about 600 injections.

As a public health measure, the Schick Test is of value:

1. In schools and institutions during an outbreak of diphtheria. Here the application of the Schick Test will enable us to separate the susceptible individuals from the immune and immediately immunize the former against diphtheria with antitoxin.

2. In contagious disease hospitals, orphanages, insane asylums, private schools, etc., it should be employed as a routine measure.

3. In the home where a member of the family has developed diphtheria. The Schick Test should be applied to other members of the family to discover the susceptible ones and prophylactic doses of antitoxin administered to the latter. Zingher claims that the delay of 48 hours for the reading of the Schick Test has little danger connected with it and has the advantage of avoiding the injection of antitoxin into those who do not need it.

During 1920, 14,166 cases of diphtheria were reported to the New York City Department of Health. This, according to Dr. Harris, is the largest number in any one year reported since 1915. While

the percentage of fatal cases was markedly reduced in 1920, as compared to 1915, diphtheria, he claims, still ranks fifth among the communicable diseases as cause of death. To this large number must be added quite a considerable number of cases in which the diagnosis was missed or not reported.

In a comprehensive study and detailed analysis of 1070 cases of diphtheria reported in New York City in 1920, Harris calls attention to a few striking features which are of interest and importance from the standpoint of public health. Of these cases, 545 were determined as primary. This left 525 secondary cases. It is to the latter that special attention is invited. Of these secondary cases, 61 were traceable to the homes after the removal of the primary case to the hospital. There were 44 secondary cases occurring at home after the return of the primary diphtheria case from the hospital. Of the total of 105 of these cases secondary to hospital cases, 28 (25%) occurred more than one week after the removal of the primary case, and 44 cases (almost (50%) occurred after the return to the home of the primary case from the hospital. Of 384 secondary cases treated at home, 132 occurred more than one week after quarantine, 63 cases, more than one month after quarantine, and 57 cases after the termination of quarantine.

These cases are rather striking and show that in spite of strict quarantine, the return of two successive negative cultures 24 hours apart, twelve days after the onset of the disease, strict compliance with rules and regulations insisted upon and enforced by health authorities, etc., secondary cases, for some reason or other continue to crop up. Let us look a little beyond. We know that many of these secondary cases occur in children especially and also in adults, because passive immunization by

the use of antitoxin in those exposed to diphtheria is not always practiced by the attending physician. This may seem a strong indictment, but nevertheless, we must be candid and admit that it is the truth in a large number of cases. An application of the Schick Test would make the attending physician realize his responsibility and moral obligation to the family and the importance of protecting the susceptible individuals against this disease. It would in a large measure plug the leak of so many secondary cases. Not only should the physician merely familiarize himself with the technique of the Schick Test and its practical application but he should make it his business in promoting these new preventive measures by instructing his patients as to the efficacy of these procedures as a public health measure. He has it in his power to popularize the Schick Test and to instill that confidence so necessary in every new venture that is of value to his patients and to the community at large.

In our town about 1600 school children were Schick tested. About 600 were found to be positive. These have thus far been given their second injection of toxin-anti-toxin. At a later date I hope to have a concise report on the work done. In the early part of September we are going to re-test these children and we shall then be able to draw some definite conclusions.

I would like to call attention to one more feature, and that is the inadvisability of using antitoxin in conjunction with the toxin-antitoxin immunization, as some workers have done. It has been definitely shown by Muslow of Chicago, that the injection of antitoxin soon after the administration of toxin-antitoxin interfered with the effect of the latter. In a group of 31 adults, he shows the following:

	No.	No. with Pos. Schick 3 months later	No. with Neg. Schick 3 months later	Percentage giving nega- tive Schick reactions.
Antitoxin given before injecting toxin-antitoxin	10	1	9	90
Antitoxin given after injecting toxin-antitoxin	10	4	6	60
Antitoxin given before and after toxin-antitoxin	3	2	1	33
No antitoxin given.....	8	0	8	100
Totals	31	7	24	77

It will be seen from the above that the giving of antitoxin before and after injections of toxin-antitoxin showed the greatest percentage of positives after the Schick re-test, those that did not get any antitoxin were 100% negative to the Schick re-test.

Conclusions.

1. The Schick test is of value in determining susceptibility or immunity to diphtheria. In the past eight years it has been used among the school children of many of our large cities and those found susceptible have been immunized with toxin-antitoxin. The immunity thus conferred has lasted to date. In the opinion of those most actively engaged in the work, it is probably life-long.

2. The school is the best medium that we have for making this work popular. It is through the schools that we will be able to reach the pre-school age children who show the highest percentage of susceptibility to diphtheria. The mortality from this disease in children under 5 years is 81.5%.

3. Every physician should become familiar with the technique of the Schick test and with its practical application.

4. Private physicians, school health officers, public health officials should be the aggressive agents in making this work popular.

County Medical Societies' Reports

ATLANTIC COUNTY.

Clara K. Bartlett, M.D., Reporter.

The regular monthly meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Atlantic City, on Friday, May 12, at 8.30 P. M.

A paper on heart block was read by Dr. Henry Wallace of Glen Ridge, N. J., Director of the Cardiac Department of the Mountain-side Hospital, Montclair, N. J. Dr. Wallace first described the origin of the conduction wave in the heart from sino-auricular node to the ventricular masses, outlined the method of its spread throughout the auricles to be taken up again at the auriculo-ventricular node, its passage through the main bundle (His) and its right and left branches. He then described the mechanism of the various grades of partial block, total block, bundle-branch block, and arborization block (as described by Oppenheimer & Rothschild, New York City.)

Reference was made to the difficulties of diagnosis without exact laboratory assistance. The Stokes-Adams syndrome was described and throughout the paper, a chronological list of names of investigators of this subject, with dates of their experiments and reports was given. The pathology and treatment were

briefly referred to, and the paper closed with some remarks upon myocardial efficiency and reserve. A series of stereopticon pictures portrayed the electro-cardiograph, showed normal curves and the varieties of heart block as demonstrated by laboratory methods. The writer called attention to the fact that laboratory methods could never supplant the clinical, but that the two combined unquestionably presented a much broader basis for exact diagnosis and intelligent treatment.

Dr. David B. Allman of Atlantic City reported a case of "Non-Parasitic Cyst of Liver" which made a complete recovery in three weeks after operation. Such a case is rare, there being but 83 recorded in medical history.

CUMBERLAND COUNTY.

E. S. Corson, M.D., Reporter.

The past year has been one of material progress along all lines. The attendance at the meetings have been good. The increase in membership has shown the increased influence the society is wielding. The character of the papers presented show meritorious effort. The increase in State dues caused no antagonistic comment. The efforts of the State Society in promoting the welfare of its members and the public has called forth comment of favorable appreciation, and a desire to co-operate with component societies in the uplift of the profession.

The annual picnic was held on a stormy day, but there was a good attendance and the outing has become a permanent event in the society's program.

MERCER COUNTY.

A. Dunbar Hutchinson, M. D., Reporter.

The Mercer County Medical Society held a regular meeting on the 10th of May. President Olmstead presiding.

Dr. Ernest Francis Purcell of Trenton was elected to membership.

The program for the evening was the general discussion of the "Advisability of a schedule of fees." There were present 35 members, and each member was called upon for an expression of opinion relative to this subject.

Following a very general discussion, with many varied opinions, the motion was made by Dr. Sommer, and seconded by Dr. Hawke: "Is the establishment of a schedule of fees advisable." This motion was lost.

Dr. Costill then moved that the delegates to the State Society meeting be instructed that the establishment of a schedule of fees is not advisable, seconded by Dr. Hawke.

This motion was carried.

An invitation from Dr. David F. Weeks, superintendent of The Village for Epileptics at Skillman, to meet with the medical societies of the Third District at the Village on Thursday afternoon, June 15th, was read and accepted.

MIDDLESEX COUNTY.

J. L. Fagan, M.D., Reporter.

The monthly meeting of the Middlesex County Medical Society was held May 17th at St. Peter's Hospital, New Brunswick.

Dr. Robert L. McKiernan, New Brunswick,

read a paper entitled "The Relation of Urology to the General Practitioner."

Several amendments to the constitution were discussed and adopted—the most important adopted changes the number of meetings to four each year—to be held in December, March, June and September, the annual meeting to be held in December as heretofore.

Dr. H. W. Nafey, chairman of the Welfare Committee, reported that the consensus of opinion regarding a schedule of fees concerning compensation cases seemed to be to leave it to the individual physician to fix their own fees. The delegates to the State Society meeting were instructed that the Middlesex County Society was unalterably opposed to fixing any schedule of fees.

An invitation to the society to attend a meeting of the societies of the third district at the Village for Epileptics at Skillman on Thursday afternoon, June 15th, was accepted with thanks.

PASSAIC COUNTY.

Leon E. De Yoe, M.D., Secretary.

The May meeting was held on the 11th at 8.45 P. M.

The paper of the evening was read by Dr. Charles Mitchell on the subject of "The Clinical Significance of the Wassermann Reaction." He spoke of the errors in technique which could upset the results of this action, and further emphasized the fact that a positive Wassermann did not inevitably mean syphilis or vice versa. He quoted authorities to prove that a little alcohol, taken by the patient within 24 hours before his blood was collected might render a positive serum temporarily negative.

Positive Wassermans have been found in scarlet fever, smallpox, measles and yaws. The same cases showing a negative blood two weeks later. Ether and chloroform narcosis, leprosy, pulmonary tuberculosis carcinoma, pneumonia and chronic malaria have also been found to alter the Wassermann reaction. Dr. Mitchell stated, however, that the most common single symptom of a syphilitic patient is the repeatedly positive Wassermann. He said the Wassermann reaction was one of resistance and hence only patients with such resistance show a positive serum.

A negative Wassermann may mean: 1, Total absence of syphilis; 2, cured syphilis; 3, absence of reaction; 4, alcohol in the blood; 5, error in technique. The speaker said that blood for Wassermans should never be collected immediately after a full meal, within 24 hours after the ingestion of alcohol, when patient has a hyperpyrexia, or during or for several days after general anesthesia.

The paper was discussed by Doctors Bolton and Udinsky.

Commissioner Bryant and Drs. Albee and Arlitz then explained in detail the purposes and aims of the State Rehabilitation Clinic to be opened in Paterson. A most interesting discussion of this subject followed.

After the meeting a collation was served.

DON'T FAIL TO ATTEND THE ANNUAL MEETING. SECURE YOUR ROOM IN ADVANCE, BUT NOTIFY THE HOTEL IF YOU ARE SUBSEQUENTLY PREVENTED FROM ATTENDING.

SALEM COUNTY.

William H. James, M.D., Reporter.

The regular social session of the Salem County Medical Society was held on the afternoon of May 17th at the Country Club. The beautiful new club house is situated on the Delaware River about three miles from Salem and directly opposite Fort Delaware.

The members, with their wives, were present, besides delegates from adjoining counties. Those from Cumberland County were Drs. T. J. Smith, John H. Moore, W. P. Glendon and Dr. and Mrs. Miller; from Gloucester County, Dr. and Mrs. Ashcraft, Dr. and Mrs. Vernon DeGroff; Dr. James A. Patterson of Colorado Springs, Col., a former member of the society, was present, also Dr. Frank Husted of Black Island, N. Y., a former resident of Quinton, N. J.

Local Medical Societies' Reports

Associated Physicians of Montclair & Vicinity.

Walter B. Mount, M.D., Reporter.

A meeting of the Associated Physicians of Montclair and Vicinity was held on Monday evening, March 27th, at the Montclair Club. The speaker was Dr. John Lovett Morse of Boston, Professor Emeritus of Pediatrics in the Medical School of Harvard University. His subject was "A Discussion of Some of the Recent Tendencies in Infant Feeding." Dr. Morse reviewed caloric feeding, percentage feeding, whole milk mixtures, dried milk powders, casein powders, albumin milk, buttermilk, boiled milk, butter flour, and "synthetic milk adapted"; and spoke of the part played by the various food constituents—fats, carbohydrates, proteids, salts and accessory food fats. He stressed the importance of individuality in feeding every baby. He did not favor whole milk mixtures as so often used very early in life. He then took up feeding in the second year, when he believed in conservative feeding as opposed to the giving of many articles of food early, as vegetables and meats. He also discussed the iron content of various foods. The discussion was opened by Dr. Louis C. Schroeder of New York City, Acting Professor of Pediatrics, Cornell University Medical College, who favored the teaching of the use of whole milk mixtures and the giving of cooked vegetables during the first year in babies up to or above the average weight. Interesting points in discussion were brought up by Dr. Eugene W. Murray of Newark, N. J.; Dr. Oscar A. Mockridge of Newark, Dr. Frank W. Pinneo of Newark, Secretary of the Essex County Medical Society; Dr. Elizabeth Mercelis of Montclair, Attending Pediatrician of the Mountain-side Hospital, and by Dr. William H. Cooke of East Orange, N. J. Dr. Morse closed the discussion.

April Meeting.

The April meeting of the Associated Physicians of Montclair and Vicinity was held on Monday evening, April 24th, at the Montclair Club. The speaker was Dr. Kurt H. Thoma of Boston, of the Harvard University Dental School, and his topic, "Roentgen Examination

as an Aid in Diagnosis of Diseases of the Jaws and Accessory Nasal Sinuses," was illustrated by excellent pictures. The discussion was by Dr. Theodor Blum and Dr. Meyer L. Rhein of New York City. A very large audience was present, of whom many were dentists.

The Nominating Committee have suggested the following for officers for next year:

For president, Dr. David Clark Thompson of Bloomfield; for vice-president, Dr. Harvey M. Ewing of Upper Montclair; for secretary, Dr. Eric H. Lindblade of Montclair; for treasurer, Dr. Frank D. Scudder of Montclair; for historian, Dr. Henry Wallace of Glen Ridge.

Barnert Hospital Clinical Society.

Jacob Piller, M.D., Secretary.

The twenty-second regular meeting of the Barnert Hospital Clinical Society was held Tuesday evening, April 18, 1922, at the hospital; Dr. Mendelsohn presiding.

1. Dr. Israel Feigenoff reported finding a branchiogenous cyst in an otherwise normal baby, 16 days old, who during its second night in the hospital suddenly became cyanotic and died. The cyst was the size of a hen's egg and situated over the right clavicle. Dr. Feigenoff gave a brief review of the embryology of the branchial arches and clefts, and described the conditions which result from imperfect closure of the clefts. No autopsy was obtainable to determine the cause of the infant's sudden death.

2. Dr. David H. Mendelsohn reported a case of right-sided cervical adenitis with beginning cellulitis in a boy 4 months old. The condition had been present six weeks, a small sinus had formed affording imperfect drainage. The child appeared septic. Under very light chloroform narcosis, a half-inch skin incision was made, evacuating about one-half ounce of pus and some necrotic gland tissue. The blood which oozed out was pale and watery. The wound was packed tightly with iodoform gauze. Soon it was noticed that the dressings were saturated with blood; thromboplastin was placed in the wound and fresh packing firmly applied, but the bleeding was not controlled. The child died in a few hours, evidently from hemorrhage. The child had not bled excessively at circumcision, and there was no history of bleeders in the family.

In discussion, Dr. T. A. Dingman emphasized the need of making early preparations for transfusion in all bleeding cases.

Dr. Piller reported having seen a similar case, where severe bleeding immediately after making the skin incision necessitated enlarging the wound down to the carotid sheath, where it was seen that the abscess had ulcerated into the internal jugular vein.

Dr. D. Shapiro also mentioned a case of scarlatinal cervical abscess of eight weeks' duration which sloughed completely through into the buccal cavity and caused a fatal hemorrhage.

A collation was served. The meeting on May 16 will be the last before the summer recess.

Hoboken Medical Society.

This meeting was held at the Union Club, January 17, 1922, Vice-President W. L. Yeaton presiding.

Dr. Matthews discussed a case of gangrene

of toe in a patient with endocarditis. Leg was amputated below knee and gangrene of stump developed. Leg was next amputated above knee, the femoral artery was probed; an old blood clot was removed with the probe, the blood spurted out of the artery following the probing and the patient was cured.

Dr. Lewis spoke of a case of anemia, who had received 40-hypodermic injections from a midwife during the past year.

Dr. Von Deesten discussed a case of a man he had recently seen. Patient was vomiting blood. Spleen was palpable. Liver was not palpable. Patient died the following day. Postmortem examination showed an atrophic cirrhosis of the liver and an enlarged spleen.

Dr. W. L. Yeaton discussed a case of a girl of 18 who ran a needle into one of her fingers. Needle was removed, but patient continued to have pain in the finger, which became pale and showed signs of not receiving sufficient blood supply. No gangrene of finger ever developed, but a cellulitis of the hand made it necessary to amputate the finger.

Dr. Natrass spoke of a case of Raynaud's Disease, which was improving with benzyl benzoate and thyroid.

Dr. G. E. McLaughlin of Jersey City, discussed a case with pain in back, vomiting, abdominal distention and a large palpable mass in right, upper quadrant. Operation showed a long piece of gangrenous bowel with omentum surrounding it. A thrombus in one of the mesenteric vessels was given as the most probable cause of this gangrene. The gangrenous bowel was resected, but the patient died.

Dr. Schuck discussed a case of strangulated hernia, which developed through the scar of an appendectomy performed 18 years ago. Bowel was resected and patient lived.

Dr. McLaughlin stated he had a similar case following an appendectomy, 31 years ago. This patient also lived.

Dr. Eggers of New York addressed the society on "Empyema." After a very masterly and instructive review of the subject, the members of the society discussed the main points brought out by Dr. Eggers.

NEWARK PUBLIC HEALTH INSTITUTE.

Newark, N. J., April 10-15.

The Newark Public Health Institute, while primarily a school of instruction in public health, as its name implies, contained much of interest to the practicing physicians of the State.

The lectures and demonstrations on the diagnosis and treatment of syphilis and gonorrhea were strictly medical discussions and attended by approximately one hundred and fifty physicians from New Jersey and Eastern Pennsylvania.

On Monday morning, Dr. H. H. Hazen, Prof. of Dermatology at Georgetown and Howard Universities, Schools of Medicine, discussed the merits of various preparations of arsphenamine, and the methods of preparing and administering the drug. He was particularly emphatic in warning against substitutes of doubtful therapeutic value. Following the paper, he gave an hour's demonstration of the arsphenamine treatment on patients from the Newark Clinic and continued an informal discussion of the use of the drug.

In the afternoon Dr. Hazen dwelt upon the pharmacological action of mercury and the iodides; compared the various methods of administering mercury. He urged that mercury be given either as an inunction or intramuscular injection. After a discussion of the place of iodides in the treatment of syphilis an informal discussion of the whole subject was continued during the following hour of demonstration.

The following day Dr. John A. Fordyce, Prof. of Dermatology and Syphilology, Columbia University, College of Physicians and Surgeons, continued the discussion of the treatment of syphilis; his morning lecture was a consideration of a minimum standard of treatment. After enumerating the conditions of the patient and the disease which must modify the amount and type of treatment, he said that the aim should be to give the largest amount of treatment in the shortest time, always considering the toxic effect of the drugs on the individual. He outlined, as a general initial course applicable to the usual male case without complications, two or three doses of arsphenamine during the first week, two the second week, one each for eight additional weeks, with fifteen weekly doses of mercury. The course to be repeated one or more times, depending on individual case. An informal discussion followed during the exhibition of stereopticon slides.

Dr. John A. Kolmer, Prof. of Pathology, Graduate School of Medicine, University of Pennsylvania, followed Dr. Fordyce, discussing the laboratory aids to the diagnosis of syphilis. He reviewed the methods for diagnosing early syphilis by means of the dark-field and stained specimens and interpreted the value of the blood and spinal fluid Wasserman reactions in the diagnosis of the later stages of congenital syphilis.

In the afternoon Dr. Fordyce spoke again, this time on the prognosis of syphilis. After a review of the question of the possible existence of different strains of the syphilitic organism, and the necessity of recognizing the early beginning of nervous complications, in which he stressed the necessity for an examination of the spinal fluid, he outlined the value of adequate modern treatment in its relation to the prognosis of the disease: Concluding that the earlier the treatment is begun the better is the prognosis. This lecture was also followed by an exhibition of stereopticon slides.

Dr. Hugh Young, Prof. of Urology, Johns Hopkins University and Hospital, followed Dr. Fordyce with a comparison of the relative value of the gonococoides, emphasized the value of the dyes, mercurchrome and particularly acriflavine, in the treatment of acute gonorrhea. He promised that a new dye product for general use would soon be ready for distribution.

On Wednesday, Dr. Charles C. Norris, Prof. of Gynecological Pathology, University of Pennsylvania, School of Medicine, lectured at the City Dispensary, on the treatment of gonorrhea in the female. He emphasized the necessity for early treatment and the necessity for continuing the treatment at least four months before adopting any radical operative measures on the cervix. He was of the opinion

that most chronic gonorrheal infections were due to the continued presence of the gonococcus in the cervical glands. Dr. Norris followed his talk with a demonstration of the treatment.

The last lecture on venereal diseases were given Thursday morning by Dr. E. L. Keyes Jr., Prof. of Clinical Surgery, Cornell University Medical College, at the City Dispensary. Dr. Keyes, after outlining the antiseptic treatment of acute infections, emphasized the value of sound to bring the gonococci to the surface both as a means of treatment and test for cure. He showed the value of mechanical treatment, both in his paper and in the demonstration on clinic cases, which he conducted during the following hour.

Of the lectures on general communicable diseases, those on epidemic cerebrospinal meningitis, poliomyelitis and cancer (placed in this group for convenience) were of especial interest to practicing physicians.

On Wednesday, Dr. Simon Flexner, of the Rockefeller Institute, told of the research which lead to the discovery of various types of organisms causing epidemic cerebrospinal meningitis, the difficulties which were surmounted in perfecting the anti-meningococcic serum and the great reduction in mortality following the introduction of the use of accurately prepared serum.

Dr. Harold L. Amoss, also of the Rockefeller Institute, told of the research work leading to the isolation of the virus of poliomyelitis. He outlined the routes by which the virus was spread, summarized the present day knowledge of the carrier case rate, the period of infectivity of carriers, and outlined the methods which could be adopted for preventing the spread of the disease.

Dr. H. R. Gaylord, Director, New York State Institute for the Study of Malignant Disease, reviewed the progress of modern cancer research, pointing out types of cancer produced by micro-organisms and by other irritations, and summarized the results of the study of the diseases, grouped under the term "cancer," with special reference to immunity and therapy.

The other lectures in the course on general communicable diseases, as well as those on mental, industrial and child hygiene, while of particular interest to the health worker engaged in the particular field, contained much of interest to the general practitioner and were attended by many physicians.

The course on tuberculosis was about equally divided into medical and public health discussions. Dr. M. J. Fine, Director, Tuberculosis Division, Newark Department of Health, conducted two clinics on Wednesday morning, one in which he demonstrated the use of tuberculin in the treatment of skin and glandular tuberculosis and the technique of the Von Piquet skin test for tuberculosis.

The institute was better attended by practicing physicians and registered nurses than any other groups of persons interested in health. If the lay members of local health boards had shown the interest which was taken by physicians the institute would have had a greater influence on health work in the State.

THE JOURNAL

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer favor by notifying the Publication Committee of the fact.

NOTE.—The transaction of business will be expedited, and prompt attention secured if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR, New Brunswick.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE, Newark.

156th ANNUAL MEETING

This Year's Annual Meeting of the
Medical Society of New Jersey

will be held in the

Monmouth Hotel, Spring Lake, N. J.

June 21 to 23, 1922.

See outline program on page 173. Full program will be sent to the members early in June. This will be a very important meeting and there should be a large attendance.

The Board of Trustees will meet in the Monmouth Hotel on Tuesday evening, June 20th, at 8.30 P. M.

REGISTRATION.

Special attention is called to the announcement made in the Program which has been sent to members concerning the Registration of Delegates. Last year's registration as given on page 306 of the September, 1921, Journal was exceedingly incorrect, especially in the lists of Annual and Associate Delegates. Several of the former are given as associate delegates and some names are omitted from both lists. All should register early under the appropriate heading and if some register as associate

delegates and are subsequently appointed at the annual meeting regular annual delegates to fill vacancies, they should have their names erased as associates and register again as annual delegates.

TO AUTHORS OF PAPERS.

To avoid mistakes and insure the early papers presented at the annual meeting insertion in the Journal of addresses and papers presented at the annual meeting—and of all communications sent at any time for insertion—the Editor calls special attention to the following points:

Manuscripts should be type-written, preferable double spaced, and only clear verified copies presented. The name and address of the author should appear under title of paper. Literature cited should be placed at the end of the manuscript in numerical order and should be numbered serially. These bibliographic or reference items in the list should be referred to in the text by numerals corresponding with the numerals at the end of paper.

The indistinct writing of words, especially of names and dates, has in the past occasioned much difficulty and delay and occasionally the non-appearance of communications in the Journal. We also call special attention to the By-Laws, Chap. III, Sec. 5, which requires that **all papers presented shall be deposited with the Recording Secretary when read,** as they then become the property of the Society.

THE PROFESSOR'S FUTURE.

Judge Alton B. Parker, formerly Chief Justice of the Court of Appeals of New York State, once said:

"Where will you find another man to match the average doctor? He lives the true altruistic life, devoting himself unreservedly to others. His skill and time are yours on the shortest notice, in the blackest hour of night and in the worst of weather. His devoted unselfishness, ready sympathy and healthy good humor but increase his gray hairs. I, for one, expect to find a neat M.D. shingle decorating very many of the more palatial Heavenly Mansions on Good and Faithful Avenue."

Judge Parker judged the profession by the record made during a century and a half, and especially its record in Preventive Medicine which has been rightly called the crowning glory of the profession. It is not our purpose to claim that the past record or the present efforts to wipe out tuberculosis, pneumonia, cancer and venereal diseases, justify the

Judge's warm words of commendation.

We write especially to ask in all seriousness and earnestness concerning the future—Are we in great danger of departing from the ideal to the great detriment of the profession and the public alike. Are carelessness, indifference, neglect of duty by officials in our County Medical Societies, outside political propaganda aided by a few of our profession's leaders, and the spirit of commercialism, which is so cursing the world at present, threatening to drag down our profession?

We are convinced that there is no field of our profession's activities that needs our careful thought and correction more than in the organization of our county societies and their management, both in business and scientific work. Officers—including committees—should know and faithfully perform their duties. We call special attention to our editorial—Our Profession's Needs—in the January Journal, pages 25 and 26, and particularly to the quotations therein from the Kentucky State Journal concerning the importance of selecting good presidents and secretaries of county societies and of the regular attendance of the members at the meetings.

Last year's annual program showed that nine society secretaries failed to send list of their delegates to the State Society. This year's program shows that five secretaries failed to do so. The report of delegates attending last year's annual meeting was exceedingly inaccurate. See September, 1921, Journal, page 306, where many annual delegates names are given as associate delegates. The list of presidents, secretaries and reporters given monthly in our Journal is faulty because of secretaries failure to send names of new officers elected. There is frequent neglect to send reports of county society meetings to the Journal. Then the treasurers often fail to collect early and send **immediately** the members dues to the State Society to the detriment alike of the State Society and the members who are not reported as having paid.

The matter of the attendance of members at their county societies' meetings is a most serious neglect. See the October, 1921, Journal, page 332, showing not more than 30 per cent as the average attendance of members; see also the account of the Essex County Society

meeting in our May Journal as showing what 25 absentees did in antagonizing the action of about 25 per cent. of the members who attended the meeting when that action was taken. Is such non-attendance **right**? Is it carelessness or pure and simple commercialism? Does it tend to weaken the profession and play into the hands of the corporations and politicians who are endeavoring to control us and make us do their bidding?

We need well attended county society meetings with good scientific programs carefully planned, with papers on practical subjects and interesting case reports, well discussed, and careful business transacted for the profession's and the public's highest welfare. We have generally noticed that the ablest and busiest members of the profession attend; surely the less prominent need **to attend** even at the cost of a few coins, a few less golf plays or other pleasures. They should attend for their own and their patients' profit—in rendering better service, and for the maintenance of the profession's worthiness of such commendation as Judge Parker expressed.

It was the Editor's great privilege and pleasure to attend the meeting of the Gloucester County Medical Society held June 1st at the Hallowell School of Adjustment, Atlantic City, where we were guests of Dr. Madeline A. Hallowell, the Director of the School. We enjoyed not only meeting the large number of members and their wives who attended on a rainy afternoon but also the opportunity to learn of the splendid work, with remarkably good results, that Dr. Hallowell is doing at her school for physically and mentally defective children. We are pleased to have the promise of a brief account of it for our July Journal.

We have been compelled to defer insertion of a paper on "The Mind of the Physician" by Dr. G. K. Dickinson of Jersey City, until next month's issue, when we expect to insert also the President's and Third Vice-President's annual meeting addresses.

The American Medical Association meeting at St. Louis this year was one of the best thus far held. New Jersey had 16 of the 5,174 who registered. President De Schweinitz's address appeared

in the May 27th A. M. A. Jour. The officers elected were: Drs. Ray L. Wilbur, California, president; Willard Bartlett, Missouri, vice-president; Alex. R. Craig, secretary; A. A. Hayden, Illinois, treasurer.

Practitioners' Club, Newark—The thirty-fourth annual dinner of this club was held on Monday evening, May 1st. Dr. G. B. Philhower serving as toastmaster. Addresses were delivered by Drs. M. R. Whitenack and Wilmer Krusen, Rev. Dr. W. W. Giles and Judge R. Carey. Dr. J. D. Lippincott was chairman of the committee of arrangements.

Physicians Discuss Compensation Wrongs—A joint meeting of the Medical Society of Kings County and the Professional Guild of Kings and Queens counties, N. Y., was held recently, for the purpose of discussing the Workmen's Compensation Act and of establishing a better understanding between physicians and insurance companies working under that act. The physicians uphold the bill which has been introduced at Albany for several years, which would give injured employers the free choice of physicians and thus eliminate the insurance companies' practice of dictating to both employer and employee in the selection of a doctor.

DO NOT FAIL TO VISIT THE BOOTHS OF THE EXHIBITORS OF MEDICAL SUPPLIES—VALUABLE NEW MEDICINES, INSTRUMENTS, BOOKS, ETC., ARE SHOWN AT CONSIDERABLE COST TO OUR EXHIBITORS AND SOME RELIEF TO THE ANNUAL MEETING EXPENSES OF OUR SOCIETY.

Correspondence.

My dear Dr. English:

These are momentous days for the economic status of our profession in the country, especially in our State, which is especially riddled with scheming politicians in sheep's clothing. They have already succeeded in trapping some of our best men in our country and elsewhere to play their game as State's Rehabilitation Clinic consultants. I believe these good men are honestly mistaken in what they are seemingly made to believe by astute politicians that state socialization of medicine and such activities are in popular demand.

The time had arrived for the State Medical Society at its annual session at Spring Lake to create a Bureau of Industrial Medicine and Surgery which should be of great service to the Welfare Committee and the profession at large. This is an economic stroke which will put the society in touch with what the politicians are especially anxious to wrench from the medical profession using some of our members as bait, claiming thereby that we lack vision. It is true we have been asleep as for our vision, the politicians are beginning to realize that cherry blossoms are to sit up and take notice. So "on" with constructive medical publicity and real work.

Your fraternally,

M.D.

Medical Society of New Jersey

Spring Lake, June 21-23, 1922.

156th ANNUAL MEETING PROGRAM.

WEDNESDAY, JUNE 21st, 1922.

10 A. M.

Meeting of the House of Delegates.

- Call to order.
- Invocation.
- Address of Welcome.
- Report of Committee on Credentials, Harry A. Stout, Chairman.
- Reading of minutes of the 1921 meeting.
- Report on Permanent Delegates.
- Election of Permanent Delegates.
- Report of Committee on Arrangements.
- Report of the Committee on Program, Wm. J. Chandler, chairman.
- Report of the Committee on Scientific Work, Charles J. Kane, chairman.
- Report of the Committee on Publication, Chas. D. Bennett, chairman.
- Report of the Corresponding Secretary.
- Report of the Recording Secretary.
- Report of Board of Trustees.
- Report of the Committee on Revision of the Constitution and By-Laws, Walter B. Johnson, chairman.
- Report of Committee on Revision of Medical Defence Act, C. C. Beling, chairman.
- Report of the Judicial Council.
- Report of the Committee on Honorary Membership, Walter B. Johnson, chairman.
- Report of the Treasurer.
- Report of Committee on Prize Essay, Alexander Marcy Jr., chairman.
- Report of Committee on Public Hygiene and Sanitation, Gordon K. Dickinson, chairman.
- Report of Committee on Public Health Education, Armin Fischer, chairman.
- Report of the Delegates to the American Medical Association and to State Societies.
- Report of Special Committees.

2.30 P. M.

Meeting of the House of Delegates.

- Unfinished business.
- Report of Business Committee.
- Miscellaneous business.

General Session.

1. Address of the Third Vice-President.
ALEXANDER McALISTER, Camden
2. "Has Quinine a Place in the Treatment of Pneumonia?"

CHARLES J. MUNN, Paterson

Abstract.—May be useful; a, to overcome latent Malaria; b, bactericidal action on *Pneumococcus*, relation to optichin; c, relation to quinin; d, clinical experience show similarity of action of quinine and pituitary gland, therefore useful for effects on arterial tone, on intestinal tone, and to diminish hyperactivity of thyroid. Objections: a, Idiosyncrasy; b, effect on leucocytes; c, effect on coagulability of the blood. Clinical experience. Method of use. Conclusions.
Discussion by Chas. H. Scribner, Paterson.

8 P. M.

3. Address of the President.

HENRY B. COSTILL, Trenton

4. "When Not to Operate."

GEORGE BLACKBURN, East Orange

Abstract.—"When not to operate" or when to operate with reservations. Part 1. General contraindications. Part 2. Contraindications in specific instances.

Discussion opened by Carl E. Sutphen from a surgical standpoint, and Philip Marvel from a medical standpoint.

THURSDAY, JUNE 22nd, 1922.

9 A. M.

Meeting of the House of Delegates.

Unfinished business.

Report of the Business Committee.

New business.

10 A. M.

General Session.

5. Oration in Medicine.

H. R. M. LANDIS,

Director of Clinical and Sociological Dept. of Phipp's Institute of Philadelphia.

6. "The Modern Diagnosis and Treatment of Gonorrhea in the Male."

C. H. deT. SHIVERS, Atlantic City

Abstract.—(a) Present methods used in diagnosis. (1) Clinical Findings; (2) Smears; (3) Cultures; (4) Complement Fixation Test. (b) Treatment includes acute, acute exacerbations, and chronic specific urethritis, with common complications.

Discussion by Clarence R. O'Crowley, Newark, and A. Haines Lippincott, Camden.

7. "Treatment of Fractures of the Shaft of the Femur, with Presentation of a New Splint."

THOMAS A. DINGMAN, Paterson

Discussion by J. P. Morrill, Paterson, and Paul M. Mcraay.

2.30 P. M.

Meeting of the House of Delegates.

Report of Nominating Committee.

Election of officers.

Unfinished business.

Report of Business Committee.

Miscellaneous business.

8. "Concerning Headaches; This Symptom as an Aid to Diagnosis."

ALFRED CRAMER, JR., Camden

Discussion by Thos. B. Lee and Thomas K. Lewis, Camden.

Meeting of the House of Delegates.

9. "Public Health Administration in New Jersey."

R. B. FITZ RANDOLPH, Ph. D.,
Trenton

Abstract.—Public health administration lags because the municipal machinery is inadequate. Grouping of municipalities suggested to support trained workers.

Discussion opened by Henry Spence, Jersey City.

A conference of all present and former officers, of the Medical Reserve Corps of the United States Army, will be held on the second day of the meeting of the Medical Society of New Jersey, June 22, 1922, at 5 P. M. to which all members of the medical profession are invited. The conference will be addressed by Major General William Weigel, U. S. Army;

Colonel William M. Morrow, U. S. A. Chief of Staff 78th; Division and other officers. Officer will appear in uniform.

8.30 P. M., Vaudeville.

FRIDAY, JUNE 23rd, 1922.

9 A. M.

10. "Foreign Bodies in the Air and Food Passages."

HENRY B. ORTON, Newark

Abstract.—Prophylaxis, symptoms. Procedures, laryngoscopy; bronchoscopy and esophagoscopy. Mechanical problems and treatment. Lantern slides.

Discussion by Chevalier Jackson, Philadelphia.

11. "Newer Phases of the Asthma Problem."

GEORGE P. MEYER, Camden

Abstract.—1. Introductory. 2. Newer conceptions of the essential nature and pathology of Asthma. 3. Etiology A. Predisposing causes. B. Active causes. Reflex Heredity, etc. Relative frequency of various foreign proteins as observed in the clinic. New etiologic factors continually discovered. Importance of House Dust. 4. Diagnosis by testing with the specific determinants. Tests: Scratch Method, Intradermal, Subcutaneous, Mucosal. Testing Dangers. 5. Treatment 1. Removal of specific causes. 2. Removal of predisposing causes. 3. Desensitization: a. Dosage, b. Dangers. Prognosis with a report of cases in the Jefferson Hospital.

Discussion by J. Alexander Clark, Jr., Philadelphia.

2.30 P. M.

General Session.

12. Oration in Surgery.

JOHN H. GIBBON,

Professor of Surgery in Jefferson Medical College, Philadelphia.

13. "The Present Status of Diabetic Treatment."

FREDERICK M. ALLEN, Morristown

Discussion by Martin J. Synnott, Montclair.

Unfinished business.

Report of Business Committee.

Miscellaneous business.

Adjournment.

7 P. M.

Surprise Banquet.

9.30 P. M.

Reception and Ball.

Miscellaneous Items

Schick Test Clinic.—A clinic has been established at the city hall, Elizabeth, to make the Schick test available to the public. A small fee will be charged, and, if susceptibility to diphtheria is shown, the patient will be advised to have the family physician administer the toxin-antitoxin.

Hygiene Conference.—A social hygiene conference for the women of New Jersey was held, April 10, under the auspices of the Jersey City Board of Health, the state department of health and the U. S. Public Service. Dr. Daisy M. O. Robinson, regional consultant, U. S. Public Health Service, gave an address on "The Aim of a Women's Social Hygiene Conference." Dr. Margaret K. Sullivan opened the meeting.

N. J. STATE VILLAGE FOR EPILEPTICS. Joint Meeting of Mercer, Middlesex, Hunter- don and Somerset Counties' Medical Societies.

This meeting will be held at Skillman, N. J., on June 15, 1922, at 2 o'clock. The program is as follows: Address of Welcome, Commissioner B. G. Lewis; Address of District Councilor, Dr. E. S. Hawks; Institutional vs. Home Care of Epileptics, Dr. D. S. Renner; Diabetes, Dr. F. M. Allen; Luminal in Epilepsy, Dr. J. J. Greenwald; Eugenics, Drs. C. F. Adams, and J. T. A. Wright; Rehabilitation, Dr. F. H. Albee; Is Epilepsy Curable, Dr. A. L. Shaw; Addresses, brief by Drs. H. B. Costill of State Society, W. D. Olmstead, B. M. Howley, E. W. Lane and L. Ely, presidents of the respective county societies. 4.30 P. M., Play-let, "The Country Boy Scout."

WELFARE COMMITTEE BULLETIN.

The legislative session is at an end and your Welfare Committee takes pleasure in reporting substantial progress for the medical profession in legislation enacted.

The greatest single benefit to the medical profession was the enactment of the Medical Amendment to the Workmen's Compensation Law, under what was known as Senate Bill No. 208, introduced by Dr. Fooder, Senator from Gloucester, at the request of the Welfare Committee, and now Chapter 245 of the laws of 1922. The bill passed both Senate and House without a single vote in opposition, and was signed by the Governor without delay. The Osteopathic Bill, designed to license Osteopaths to practice medicine and surgery, never got out of committee, due to the opposition of your committee. The Naturopathic Bill, simply a Chiropractic Bill in disguise, met a like fate.

The Venereal Disease Control Bills, also drafted by your committee, did not become laws. They passed the House, in which they were introduced by Dr. Alexander, Assemblyman from Essex. One of these measures, the marriage certificate bill, caused opposition. It passed the House 33 to 19. The other two bills passed the House 56 to 0, each. In the Senate the marriage certificate bill was held up, and the opposition to it created a condition which operated against the success of the other two.

There was opposition among the medical profession to these bills, especially the marriage certificate bill, and this situation was fatal to our success on these measures. This opposition showed the need of harmony and a united front if we are to succeed. In case of measures on which the physicians were a unit, we won without trouble. Where we were not united, we lost. This was true in the case of bills we favored as well as in regard to bills we opposed.

In our medical amendment to the Workmen's Compensation Act, the profession gained a point which it had been contending many years for: recognition of our part in aiding the injured workman, and fair and just compensation for our services without hinderance. A copy of our bill, which is the medical section of the law as it stands now, is herewith enclosed. Study it carefully and insist on your rights under it at all times.

We are now arranging for conferences with the Commissioner of Labor and the insurance carriers for a complete understanding of the operation of the act, and we will inform you of the results of these conferences.

The salient points of the new Compensation Law, with changes over the old law, are as follows: Separate fees of \$50 each for physicians and hospitals. Under old law \$50 was allowed for both physician and hospital. No time limit on treatment. Under the old law twenty-eight days or four weeks time limit was placed. Don't permit any insurance carrier to hold you to a time limit on the treatment of any case. The only limit is the \$50 limit for physicians and hospital fees. If there are any cases which will require more than \$50 for physicians fees and \$50 for hospital fees then application must be made to the Compensation Bureau for the extra amount. There is no limit on this amount either, the limit of \$200 for the treatment of extraordinary cases under the old law has been removed.

Furthermore, the new law specifies that the injured workman shall be treated until cured if such is possible. Consequently the injured man cannot be shunted from a physicians' office care or from a hospital into a State Clinic, before he is able to return to work, to be treated under State aid. The question of a sliding scale of fees, the simplifying of reports to insurance companies, the procedure of application to the Compensation Bureau for extra compensation, etc., will be handled by your Welfare Committee, and the value of united support from the individual physician and County Society for your Welfare Committee, cannot be too strongly impressed upon you.

In Essex County occurred the only untoward action of any of the members of the State Society during the two years past in which the influence of the Medical Profession has grown strong so rapidly that the measures for which we stood unitedly were successfully carried—in 1921 our "Senate 149" and in 1920 our Amendment to the Workmen's Compensation Law. The opposition to "Senate 64, 65, 66," abolishing boards of managers of the Essex County Hospitals was endorsed by the Essex County Medical Society after thorough consideration at society meetings, the final action being a resolution on February 24th "endorsing the Welfare Committee of the State Society and approving the legislative program announced." In spite of this and the explicit citation of opposition to Senate Bills 64, 65 and 66 in the call for that meeting of a contrary statement signed by 25 individual members of the society, several of whom had been its officers in the County and State and none of whom had attended the County Society meeting, was produced at a hearing at Trenton, March 7th, individually approving of the bills. This shows the need of further work to develop our organization before we can be sure that individual members may not, at a critical time, and without warning, frustrate the work of a year by advancing individual opinions, contrary to, or in ignorance of, its County Society action.

It is only by united action that the full

fruits of our victory are to be gained. Consult your Welfare Committee on any points at issue or in doubt. We will be willing to answer any questions or explain any points. We shouldn't allow ourselves to be divided either as individuals or as County Societies from the State organization.

WELLS P. EAGLETON, M. D.,
Chairman Welfare Committee.

Therapeutic Notes.

Management of the Chronic Nephritic.—Dr. Arthur A. Herold in *New Orleans Medical and Surgical Journal*, formulates these rules for the victims of chronic nephritis. Do not try to do too much. Avoid overeating and overdrinking. Advise against overtaxing organs. Get the co-operation of an intelligent member of the family or a competent nurse; if patient is not seen regularly, get frequent reports. Remove probable foci of infection. Treat any cachexia or diathesis. Avoid useless drugging, but do not hesitate to employ morphine promptly when indicated. Use common sense as to clothing, but remember that the patient is not a hothouse plant. Secure his confidence and there will be no trouble about his co-operation in these respects. Be guarded as to prognosis.

Morphine in Pneumonia.—The use of morphine in pneumonia has been hotly discussed pro and con. Wm. Rittenhouse (*Am. J. of Clin. Med.*, July, 1921) thinks much depends upon the age and condition of the patient. However, thousands of physicians have treated this dread disease with Dover's powder, quinine and calomel, with a degree of success that has been as satisfactory to them and to their patients as any treatment of this disease can be. If the patient is a fairly vigorous adult, and is seen reasonably soon after the initial chill, a good stiff dose of morphine, or Dover's powder, or veratrum viride, or even acetanilid, will modify favorably the subsequent course of the disease. The writer has used them all and regards a hypodermic of morphine or of veratrum as the most reliable. —Critic and Guide.

Magnesium in Treatment of Cancer. — Dr. Regnault, at the Paris Academy of Medicine, spoke of the effects of magnesium salts when used locally on certain warts. With this as a starting point, together with the fact that the defensive zones about neoplastic tissue are magnesium-bearing, the author began the use of magnesium hydrate and silicate internally—from 20 to 25 cgm. of each twice daily. He tested this treatment in papilloma, epithelioma and inoperable cancer. It must be remembered that silica is one of the alleged favorable remedies in epithelioma and is or was used extensively in the Czerny Cancer Institute as an internal as well as external remedy. Regnault reports excellent results in papillomatous formations and superficial epitheliomata, while in inoperable cancer he claims arrest of growth and relief from burdensome symptoms. After operation he administers inwardly the silicate of magnesium in the aim of preventing recurrence. Something depends on the mode of ex-

hibition because the response of the organism to a drug may be such that its good potentialities may be sacrificed. He therefore gives the remedy five days and then skips five.

Treatment of Varicose Ulcers.—Laude describes the treatment of varicose ulcers by means of "Vienna cream," a method which permits of the patient following his occupation during treatment. The ulcer and surrounding parts are first carefully cleaned and rendered aseptic by moistening with ether; This is slightly painful at first, but the pain is dispelled by the sensation of cold which follows. The ulcer is then freely covered with Vienna cream, the composition of which is as follows: almond oil 140 gm.; lime water 60 gm.; zinc oxide 60 gm.; borax 40 gm. The borax is dissolved in the lime water; this is mixed with the almond to form a cream, with which the zinc oxide is carefully incorporated. This cream, which will keep for several weeks without becoming rancid, is spread on the ulcer and covered with several layers of gauze and kept in place by a bandage. The dressing may be renewed in five or six days, by which time the discharge will have become apparent on the surface of the bandage. Complete cicatrization, even in extensive ulcers, will take place in from six weeks to three months.—Prescriber.

Hospitals; Sanatoriums, etc.

Elizabeth General Hospital.—The 42nd annual report of this hospital for the year 1921 has recently been issued, showing the following facts: In hospital Dec. 31, 1920, 116 cases; admitted to wards during 1921, 2,403; admitted to private rooms, 930; emergency cases treated, 1,541; new cases at Dispensary, 4,046; total treated during the year, 9,036; discharged cured, 2,277; improved, 896; died, 169; total, 3,342. Total remaining Dec. 31, 1921, 107.

Irvington Hospital.—As a result of the thirty bids received it has been shown that this hospital will cost about \$360,000.

Orange Memorial Hospital.—The 48th annual report gives the following items for the year ending Dec. 31, 1921: In hospital Jan. 1st, 102; patients admitted during the year, 2,863; births, 534; operations, 1,473; patients remaining on Jan. 1st., 97. Patients treated in Dispensary, new cases, 3,311; revisits, 7,454.

Salem County Hospital.

The following is the report of the Salem County Memorial Hospital for the month of April: Admissions, 56; discharged, 64; deaths, 3; births, 7; ambulance calls, 17; operations, 30; clinic department, 72.

St. Peter's Hospital, New Brunswick.

The fourteenth annual report has recently been issued. Its statistics show: In hospital 3,122; total, 3,220; charity patients, 1,211; Jan. 1, 1920, 98; admitted during the year, patients paying part 136, paying full 1873;

average stay of patients 11 days; average cost of patient per day \$1.96; dispensary patients 1,327. Births 206. Death, institutional, 67; within 48 hours after admission, 26. Patients remaining in the hospital Dec. 31st, 70. The Hospital Training School graduated 5 nurses.

Bonnie Burn Sanatorium.

Dr. John H. Runnells, Superintendent, reports for the month of March as follows: On March 1st there were 275 patients in the Sanatorium, 159 males and 116 females. During the month, 28 patients were admitted, 15 males and 13 females. Seven of these admissions went to the Preventorium. Among these admissions there were three re-admissions. The admissions are classified as follows: Non-tubercular, 1; pretubercular, 8; incipient, 1; moderately advanced, 4; far advanced, 14. The largest number of patients present at any time during the month has been 278; smallest number 264. Present March 31st, 269. This includes 97 children in the Preventorium.

April Meeting.

Dr. J. R. Runnells, superintendent, reports that on April 1st there were 270 patients in the sanatorium, 156 males and 114 females. During the month 21 patients have been admitted, 11 males and 10 females. One of these admissions went to the Preventorium. Among these admissions there were two re-admissions. The admissions are classified as follows: Pretubercular, 1; moderately advanced, 1; far advanced, 19. The largest number of patients present at any time during the month was 270; smallest number 252. Present April 30, 252. This includes 82 children in the Preventorium.

Hospital Professors Not to Engage in Private Practice. — The University of London, England, has decided that the holders of the new medical chairs at those London hospitals which do a considerable amount of research work and teaching shall not engage in private practice. It is considered that the established practice of combining hospital work and private practice militates against original work.

Remuneration of Hospital Pathologist. — From the pathologist's standpoint, the places where the salary or the total remuneration is commensurate with the ability, knowledge and training demanded, are notoriously few. In far too many, the pittance offered is more or less of an insult, in addition to being ridiculous. In others, while a fair salary is paid, a spirit of self-complacency arises from the fact, and, though the stream of pathologists ebbs and flows, the salary remains the same forever.—R. A. Kilruffe, Hospital Progress.

Death.

ALLEN.—In Jersey City, April 22, 1922, Dr. Ulamar Allen, aged 68 years.

Dr. Allen graduated from the New York University Medical College in 1980. He was a member of the Hudson County and the N. J. State Medical Society, and a Fellow of the American Medical Association.

Personal Notes.

Dr. William C. Allen, Blairtown, was quite ill with pneumonia last month.

Dr. Frederick L. Brown, New Brunswick, is spending June in Boston, attending the Harvard post-graduate summer school.

Dr. G. Wallington Campbell, Short Hills, spent a few days in Rhode Island recently.

Dr. George J. Holmes, Newark, has purchased the residence at 437 Parker street for his home, but will retain his office in Elizabeth avenue, and make that building which had been his residence a place for physicians' offices.

Dr. H. B. Howley, New Brunswick, spent a week in Maine last month.

Dr. F. Irving Krauss, Chatham, spent several days in Maine last month on a fishing trip.

Dr. Frederick W. Owen, Morristown, spent two weeks at Clyde, N. Y., recently visiting his daughter, Mrs. Mudge.

Dr. Charles M. Williams, Washington, was very ill from pneumonia last month.

Dr. Norton L. Wilson, Elizabeth, is spending the month of June in California and the Canadian Rockies.

Dr. Clarence A. Plume, Succasunna, addressed the clinic there last month.

Dr. Robert H. Woodruff, Hacketts town, has been elected vice-president of the Musconetcong County Club.

Dr. Thomas R. Pooley, Newton, gave an address on Insanity at a meeting of the Forthnight Club last month.

Dr. W. Blair Stewart, Atlantic City, and wife celebrated their twenty-fifth wedding anniversary on May 2nd at Vernon Room, Haddon Hall. Over 400 friends called that evening to offer congratulations. The doctor is rounding out twnty-seven years of practice there.

MEDICAL EXAMINING BOARDS' REPORTS

	Exam.	Passed.	Failed.
Delaware, Dec.	4	4	0
Kentucky, Dec.	9	5	4
New Jersey, October	8	6	2
New York, June ...	646	577	69
Oklahoma, October..	8	7	1
So. Carolina, Nov. .	10	9	1
Tennessee, June ...	102	102	0
Texas, Nov.	6	6	0

The New Jersey Board of Medical Examiners during the year 1917-1921 examined 179, of whom 167 were registered and 12 rejected; percentage of rejections, 6.7. For the year 1921: N. J. State Board examined 29, of whom 26 were registered and 2 were rejected. Character of physicians licensed; graduated from Medical Colleges Class A, 24; from Class B, 1; Class C, 0; miscellaneous, 1. 138 were licensed by reciprocity, graduates from M. C. Class A, 89; Class B, 14; Class C, 1; miscellaneous, 34. These came from the different states as follows: Alabama, 1; California, 1; Delaware, 3; Dist. of Col., 1; Georgia, 3; Illinois, 6; Maine, 2; Maryland, 6; Mass., 1; Mich., 1; Miss., 1; Missouri, 3; Nebraska, 2; New York, 69; No. Car., 4; Ohio, 3; Penn., 16; Tenn., 5; Vermont, 1; Virginia, 4; W. Va., 1; Washington, 1; Wis., 1; Nat. Bd. of Med. Ex., 2.

National Board of Examiners.

The twelfth examination of the National Board of Medical Examiners was the beginning of examinations held under the new plan. Examinations were held in eighteen Class A medical schools, February 15, 16 and 17, in Part I, which comprises written examinations in each of the six fundamental medical sciences. The subjects of the examination and the relative value of each were: anatomy, 100; physiology, 75; materia medica and pharmacology, 75; pathology, 75; physiologic chemistry, 50; and bacteriology, 50, making a total of 425 counts for this part. Eighty-seven candidates appeared for examination in Part I; of these, eighty passed and seven failed.

The National Board of Examiners, organized in 1915, has held 10 examinations; 325 were examined, passed 268, failed 57, percentage of failures, 14.4.

Public Health Items.

Who's Efficient Now?—Uncle Sam may owe arsenphenamine (salvarsan) to Germany, but he has improved it a lot since he took over its manufacture some years ago. Today, says the U. S. Public Health Service, it and its fellows pass tests that are twice as rigid, which means that the drugs themselves are twice as safe as they ever were before.

Decrease in Tuberculosis Cases.—A decrease of one-half since 1904 in the death rate from tuberculosis in the United States has been reported. This means for the year 1921 a saving of 100,000 lives, he stated. In 1904 the death rate was 200 per 100,000. Preliminary figures for 1921 indicate that the rate will approach 100. In Framingham, Mass., where a health demonstration has been carried on since 1916 the death rate has been reduced to the figure of 10 per 100,000 for 1921.

Malaria Rate Reduced.—Co-operative anti-mosquito work in forty-five towns located in ten southern states has reduced the malaria rate from 75 to 90 per cent. according to announcement of the U. S. Public Health Service. Combating of malaria fever in Spain and Dutch East Indies by the government health authorities has been successful by the adoption of a new method. This method is simple. It is based on the principle of refusing to allow suffering from malaria to remain in the region over night lest they infect the malaria-bearing mosquitoes, which feed only at night. The theory is, of course, that if mosquitoes cannot find a malaria patient to bite they cannot acquire malaria germs and therefore cannot pass it to well persons.

Importance of Hygiene in Cure of Gonorrhea.—Proper hygiene is as essential to the cure of gonorrhea as is proper treatment. The social worker must influence the patient to abstain from drinking alcoholic beverages, from eating highly seasoned food, from indulging in sexual intercourse, and from exposing himself to exhausting experiences. The necessity for observing the rules of hygiene is impressed upon the patient by the physician, but the so-

cial worker can give more time to this educational work than can be allotted to it in a clinic or a busy office.—A. J. Casselman, Public Health Rep.

The Tuberculosis Fight.—The fighting equipment against tuberculosis consists of more than 700 well-equipped sanatoria, thousands of enthusiastic workers, 1,200 tuberculosis associations, over 600 tuberculosis clinics and a large number of traveling dispensaries and clinics, thousands of tuberculosis nurses, several thousand open-air schools and fresh-air classes, and a thoroughly aroused public opinion on the need for the control of the disease.

The time will come when it will be a disgrace for an American community to have a death rate from tuberculosis of over 10 per 100,000 population.—Boston M. and S. Jour.

Most Eyes Defective.—Statistics covering many years show that nine out of every ten persons over 21 usually have imperfect sight. At 31, the proportion is larger. About 40, it is almost impossible to find a man or woman with perfect sight. For the last 100 years the profession has wrestled in vain with the problem, finding no means compatible with the conditions of modern life for preventing errors of refraction, and no means of relieving them except by glasses. It was learned some years ago by the examination of several thousand school children in one of our large cities, that 66% of them had defective vision of such a degree as to warrant the wearing of glasses.

Physician as Instructor in Health.—The general public today has just enough knowledge of personal hygiene to excite its interest and desire for more. People are more anxious to hold onto health than at any former time. Health notes in the daily and weekly press are eagerly read by great numbers. What is needed and what is being asked for in a measure is a fuller knowledge of the principles of physiology applied to the maintenance of personal health. Because of his knowledge and his right of entry into the homes of the people, the general practitioner of medicine is the individual best equipped of all the health agencies to render this service, representing as he does the one point of contact between scientific research and popular need.—Sir Napier Burnett, Nation's Health.

Cut Health Work from Political Control.—Dr. George E. Vincent, president of the Rockefeller Foundation, in his annual summary of medical activities of the organization urged that public departments of health be taken out of politics. "A public function which calls for technical expertness is hopelessly handicapped if it be treated as the spoils of a political boss or of a victorious party machine," he asserted. "To no public service does this more strikingly apply than to a department of health. The prevention of disease is steadily tending to become the goal of the medical profession, although there has been and still is a tendency on the part of the average physician "to look through the microscope of cure rather than through the telescope of prevention."

Book Reviews.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment the merits of the books or the interests of our subscribers to the publishers. Selections will be made for review as may warrant.

The Place of Version in Obstetrics, by Irving W. Potter, M. D., F.A.C.S., Obstetrician-in-Chief Deaconess Hospital, Attending Obstetrician Buffalo City Hospital; 138 pp. 42 illustrations. Price \$5.00. C. V. Mosby Company, St. Louis.

After an introduction and foreword the author presents a lengthy and interesting treatise on the early history of version. He devotes a whole chapter to this. Its careful perusal is instructive. Then follows a chapter on version in the nineteenth century well worth reading. It is an exhaustive research and study. Then follows a chapter on present day version with its indications and limitations. The author then comes to his own technique of version. His main object which he repeatedly speaks of is the shortening of the second stage of labor and decreasing the suffering of the mother.

He describes how he gradually left the trodden path of well-known indications to find his own indication. He insists that "by avoidance of long continued stretching of the soft parts, fallen bladders, rectocele and gaping vaginae will be seldom seen and post puerperal suffering and mortality will be reduced to a minimum." It is important to note that he insists on a total obliteration of soft and easily dilatable cervix. In a short review of this kind one can only insist on a close study of Dr. Potter's technique. For those interested or contemplating Dr. Potter's method of version, the author, enumerated twenty conditions to be born in mind on pages 97 to 102. Altogether the work is a readable one of high value even if one does not favor interfering in the case of normal labor, which is the author's advice.

Every obstetrician should certainly be able to master Dr. Potter's method which in every way is an excellent one. The fact that he has done over four thousand versions with a remarkable low maternal mortality and a fetal mortality of from three to six per cent, speaks for his ability.

The work is well illustrated with photographs of actual deliveries and diagrammatic illustrations presenting the author's technique. The work represents the most important innovation in obstetrics in many a decade. Many will lay the book aside and doubtfully consider the indications. Few cannot but consider the technique of particular value.

E. J. III.

More than thirty years of personal research in psychic matters has been embodied by Dr. Wilson F. Bailey, of Camden, N. J., in his forthcoming book, "No, Not Dead; They Live." Desiring the opinions of some qualified critics Dr. Bailey submitted his manuscript first to the City Librarian of his city, and by

Continued on page XVIII.

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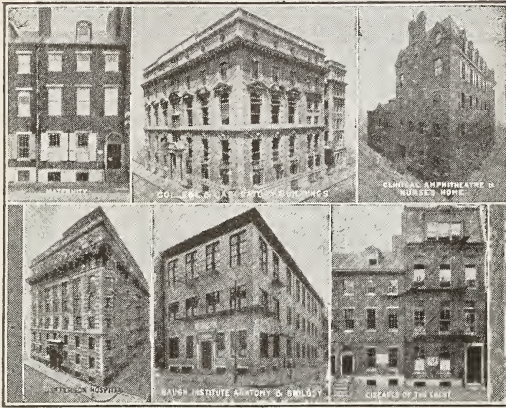
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ROSS V. PATTERSON, M. D., Dean.

PUBLIC HEALTH ITEMS

Continued from page 178.

The Future Independence and Progress of American Medicine in the Age of Chemistry.—The recent war brought about a realization of how dependent we had been on Germany for our most valuable drugs. However, before the war was over, American manufacturers were making adequate supplies of urgently needed drugs. In their work on war gases chemists had an example of what could be accomplished in an almost incredibly short time, when facilities for research were provided on a large scale and under conditions allowing of the fullest co-operation of chemists, physicists and physicians. With the close of the war, chemists began to consider to what extent such facilities might bring about American independence in drugs. A committee appointed by the American Chemical Society has now issued a report which elucidates the subject. The report makes it clear that pharmacologic research in German universities and in privately endowed institutes are far ahead of those in the United States. Our schools of medicine and hygiene, the report continues, are largely ignoring the services which pharmacology, in close co-operation with chemists and clinicians, can render to hygiene and preventive medicine. About twenty years ago, Congress established the Hygienic Laboratory of the U. S. Public Health Service; the plan of its organization was unsurpassed by that of any laboratory in

the world; but since then Congress has failed to provide for any considerable growth of this laboratory. Enlarged and with adequate support, this laboratory could give the United States the leading place in the world in this great scientific and humanitarian endeavor toward the discovery of new drugs. If better government support of the Hygienic Laboratory cannot be secured, then a privately endowed research institute must be the goal of those who realize the vast benefits which will accrue from the proper type of research in drug therapy. (Jour. A. M. A., March 18, 1922, p. 806).

"MEDICINAL BEER."

From the Boston Med. and Surg. Jour.

In an address delivered before the Judiciary Committee of the House of Representatives, Washington, on May 12, Mr. Oliver T. Remmers, attorney for Anheuser-Busch, St. Louis, puts forward some very potent arguments against allowing the manufacture of beer for medicine. The brief of his address is as follows: Of the reasons why Anheuser-Busch, although unalterably opposed to prohibition, and in favor of the manufacture of lawful beer for all purposes, opposes the manufacture of beer for medicine. Impossibility of equitably and impartially enforcement prohibitory laws, under rule of beer for medicine, will result in criticism and abuse of manufacturers of lawful cereal beverages, and may bring further

Continued on page XIX.

Continued from page XVIII.

when he has read the book. Those other persons that prejudge this book, and, as a rule, everything else, without examination, will not be influenced, but, as they are a negligible quantity, except in their own estimation, the Doctor will not be concerned about them and will not get his prescriptions mixed to the detriment of his patients.

The Doctor indulges in both poetry and oratory in his argument, and even if the reader does not accept all his conclusions he will be inspired to better living and, if he is a believer in the Bible, may resolve to talk less about the Bible and spend a little time in actually reading it.

Doctor Bailey has rendered real religion a great service in writing this book, and, for its inspiring and refining influence, if for nothing else, I hope it will be widely circulated.

William H. Ketler, City Librarian.
Camden, N. J.

Continued from page XVI

ruinous legislation upon the industry, probably destroying the soft drink business created by former breweries. Congressional investigation of favoritism and failure in the enforcement of prohibition suggested. The fourth point in Mr. Remmer's argument deals with the position of medical men in regard to the prescribing of beer. He says.

You, as members of this committee, know and I know that the interpretation of the law permitting the sale of beer for medicinal purposes, in its practical operation, will result principally in the sale of beer at outrageous prices, through restricted channels, to the health—and not the sick. The verse we facetiously sang in local option elections about the saloon, "Don't you cry, you will be a drug store bye and bye," will become a reality. You know that every doctor will be besieged by his regular patients for beer prescriptions; that the standard and dignity of the medical profession will be lowered, and that the doctor himself will practically become the bartender for his perfectly healthy customers. He cannot well refuse to issue such prescriptions, as his practice must inevitably suffer, because a great many of his patients would take offense at his attitude and find another more accommodating family physician. Every young physician entering medical practice without patients would find it so easy to make a living, writing beer prescriptions that he would not feel the urge of improving his knowledge of medicine, and gradually the standard of the medical profession would be demoralized.

While Mr. Remmers undoubtedly over-emphasizes the evil which will befall physicians who refuse to prescribe beer, there is still much truth in what he says. It will be entirely unfair to place upon doctors the responsibility for the sale of malt liquors. The conscientious would be continually harassed by requests which they would feel obliged to refuse, while the unscrupulous would profit by breaking the spirit, if not the letter of prohibition. And what a temptation for the doctor to prescribe for himself a stein of cool, foaming "tonic" these sultry days!

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PRESIDENT'S ADDRESS

Medical Society of New Jersey.

Delivered at the 156th Annual Meeting of the
Medical Society of New Jersey, at
Spring Lake, June 21, 1922.

A MEDICAL SURVEY

By **Henry B. Costill, M.D.,**
Trenton, N. J.

Following a time honored custom, it becomes my duty, as well as privilege, to address you as President. Before doing so I desire to express my deep appreciation of the honor you have conferred upon me. To be elected President of the Medical Society of New Jersey, the oldest Medical Society in the United States, among whose presidents appear the names of some of the most distinguished men of the State, is indeed a signal honor, and should be regarded as the highest that can come to a medical man in our State.

I also desire to acknowledge with full appreciation the constant and loyal support I have received from the members, and committees that have given so generously of their time and efforts to advance the interests of our organization.

Of the work of the Welfare Committee you are all familiar. It would be impossible for me to express in words my appreciation of the arduous, conscientious and self-sacrificing service done by the members of this committee. I desire also to call particular attention to the work of our Committee of Arrangements, as the result has added much, not only to the pleasure and comfort of us all, but by their brilliant financial management has much enriched our Treasury, and correspondingly broadened the smile of the Treasurer.

And, lest we forget, I desire to make

this suggestion, that the Committee of Arrangements be made a permanent committee of three, to be nominated by the nominating committee, and elected the House of Delegates, one for one, one for two, and one for three years, that this committee be authorized to add to its number from the members in the locality of the place of meeting as many as they desire to assist them in arranging for the meeting of the Society.

Probably never before were there so many important problems pressing for solution as at the present time. This is true not only in the economic and political world, but in the medical world as well, and it is some of these problems that I desire to discuss with you this evening.

Welfare Work.

Since the inception of your Welfare Committee, some real constructive legislative work has been accomplished. Results have been obtained that have brought our organization very definitely into the limelight, and given our profession a recognition that has attracted attention not only in our own State, but inquiries have come from several other States wanting to know how it was done.

How Was It Accomplished? — Very briefly, by organization, co-operation, a liberal supply of funds and work—and then more work by your Welfare Committee.

Enlarge the Field.—The function of this committee is not yet fulfilled. Its work is, in fact, merely begun. The foundation for its broader work—organization—has just been laid.

Up to the present the field of operation has been largely legislative. The conditions seemed to warrant this, in fact, leave no other method available to

secure results, but surely legislative manipulation was not the only object for which this committee was created.

Under certain conditions it is right and proper for the medical profession to enter the political field as a co-ordinated co-operative body and let our legislators and executives realize our power, but to constantly, through political influence, control legislation, is, I believe, unwise, and will eventually defeat its object by crystallizing all factions against us.

One of the functions of this organization is to disseminate among the people, correct information regarding medical and health matters, and the real objects and aims of the physician. In short, get in touch with the people, and in such close touch that they will understand us and have faith in us and medical objects.

We have lived so unto ourselves professionally, so constantly exploited the medical dignity, that we have come to be looked upon as an oligarchy, and again every one who does not see or do things exactly as we do. It is time medical and health information came from the profession direct and not through the Ladies' Home Journal or the Sunday papers. Each physician should be a center for correct information in matters of health for the people of his community, and should not consider his duty to that community fulfilled until by continued interest in their welfare he has so won their confidence that naturally they come to him for direction in all medical and health problems. The medical man who acts upon the theory that he has discharged his entire duty when he has sold his expert knowledge to those who will employ him at so much per, will fail of his full possibility and deserves to.

The medical profession has nothing to fear from the competition of any uneducated quack or cult, but we have much to fear from an uneducated public.

It is largely the function of our Society to supply this education. My idea would be to establish a full time service Welfare Bureau under the direction of the Welfare Committee, and by the way, I would make this committee a standing committee of six, with a three-year term, two to be elected for one; two for two and two for three years. I

would co-ordinate with this Bureau the Journal of the Society. I would give its editor assistance both in force and pay. I would have appear not only in the Medical Journal, but in the popular magazines, and the daily press, articles setting forth correctly the position of the profession on all health, social and medical problems. And, I am morally certain that not only would less legislation be required, but what was necessary would be easier of accomplishment, as both profession and people would be ready for it.

This would cost money? Yes. But, so does all things worth while. Our Welfare Committee has shown us what can be done, and it is our duty to give them our continued support and in the end this would not cost more, and would relieve the members of the Welfare Committee from so much personal sacrifice, both of time and money. Our dues now are not greater than they should be. The Treasurer should at all times have a comfortable balance.

State Department of Health.

In many of the problems that will be taken up by this Bureau the assistance of the State Department of Health would be of great benefit, and the converse is also true. In many ways we could assist them. It would seem logical that there should be a close co-ordination between that department and our Welfare Committee.

Medical Education and Licensing.

To meet the requirements of the rapidly broadening field of medicine it has become necessary to raise the standards and increase the time required for a medical education. Many of our best medical colleges are restricting the number of students accepted, the number failing to gain admission being from twenty-five to fifty per cent. of those applying. These facts studied in connection with the increasing number of graduates from the osteopathic and chiropractic schools raise very clearly the question whether our schools have not gone too far in their effort to cover the entire field of medicine; whether too much attention is not paid to research work and the development of specialties, rather than the fundamental and practical subjects such as anatomy, pathology and diagnosis.

Does not much of the matter now

given the undergraduate properly belong in a graduate course? To my mind, the development of a specialty should come after much training in general work, and not direct from graduation.

Representation in the A. M. A.

Our Society is entitled to three representatives in the A. M. A., these with three alternates we regularly elect, and then so far as we are concerned, the matter ends, practically no attention is given as to whether these delegates attend or not, and certainly no instructions as to the desires of this body is given them, and no report required. Apparently many other states are as indifferent as we, consequently the management of this great national medical organization, the greatest in the world has drifted into the hands of a few who are willing (probably from self-interest) to do the work. Whether their administration and direction of the affairs of the organization is all that should be, I am not going to discuss.

Our experience with it would not indicate that it was. The fact that any small faction is in constant control is wrong, radically wrong, and the wrong rests with just such indifferent component members as our State Society. When a member of our Society accepts an election as delegate to the A. M. A., he should do so with the understanding that it means service, and not empty honor. To further insure the attendance of our delegates, I would advise that at least the travelling expenses of the delegates be borne by the Society; that they receive full instruction as to the desires of the Society, and be required to render a written report.

State Board of Medical Examiners.

The records of the State Board of Medical Examiners definitely show two conditions:

First: The total number of physicians entering our State to practice during the last ten years has been constantly decreasing.

Second: That the number admitted by endorsement from other States is constantly on the increase, while those admitted by examination is constantly on the decrease.

To illustrate:

In 1912, number admitted by examination, 78; number admitted by endorsement from other States, 26; total, 104.

In 1921, number admitted by examination, 26; number admitted by endorsement from other States, 63; total, 89.

The figures bring out very clearly the fact that, the requirements in our State are more rigid than those of other States; those who really intend to practice in our State are evading the law by taking an examination in another State where the requirements are less difficult, but which State is on reciprocal relations with our State. This is a clear evasion of the spirit, if not the letter of the law, and should be immediately corrected by the State Board of Medical Examiners.

To those who have considered the matter of State licensure and who understand how little real difference there is in the laws of each State, and how often really good men are turned down on a mere technicality, the whole matter becomes ridiculous, and should lead to renewed efforts to secure either a national college of graduation, or a national board of licensure, and the whole matter of State licensing wiped out.

Should Increase Our Membership.

A comparison of the numbers of licensed physicians in our State with the membership of our Society show that more than one third, and in some counties more than half are not members. This is not right. It should be the aim of each component society to make that society so attractive that no eligible physician could afford to stay out.

Hospitals and Their Needs.

Of all the changes that have recently come in the medical world, none has more decided, nor developed more rapidly, than hospitalization. It is well within the memory of many of those present when it required a great deal of persuasion to induce the average individual to enter a hospital—now, you can't keep them away. Housing and other social and economic conditions have contributed to this, but the chief factor is the knowledge that has come to the people that an institution, such as a modern hospital, offers them the best possible means for the treatment of the diseased or injured, with the least outlay of money. At no time has the public demanded so much of the profession, and at no time has the profession been able to give so much as now; but, to do this requires the combined services of

often many men, each especially skilled in some branch of medicine, or allied science (for the field of medicine has become too vast for any one man to master).

The people have rapidly learned that the hospital with a well-equipped staff representing all the specialties offers them the best services, and the demand for this service, increasing as it does each year, brings a greater demand both for room and financial support upon the hospitals.

Practically all the general hospitals of our State are supported by voluntary contributions and private endowment. The constantly increasing demands, made upon them has made this source of income (uncertain at best) insufficient to enlarge their plants, and keep up with the modern equipment, and they are acutely facing the problem of where the income is to come from. We pay a per capita tax for the express purpose of education, why not for the care of our ill and injured. Surely as a purely economic question, this is of interest to every citizen. The State has already recognized the economic value of an early return of those injured in industry to a self-supporting condition, and have clinics equipped to shorten the stage of incapacity as much as possible, but in these clinics the physician is a mere incident, and should our hospitals fail to meet the demands made upon them, the next move will naturally be State hospitals.

Rural Communities.

No more serious condition confronts the people living in rural communities than the shortage of physicians, and the inability to persuade the young man to go to the country. Our State grants the privilege to practice medicine only to those who are graduated from grade "A" medical schools. These men have taken from seven to eight years in securing their education, and are unwilling to isolate themselves in the country. They miss their hospitals and laboratory facilities, and know that without these aids they are going to rapidly grow rusty and degenerate into mere country doctors. Something must be done to remedy this in order to make the practice of men in the rural districts more attractive.

Hospital Centers.

By State aid through a tax levied for

hospital purposes only, as suggested, hospitals and laboratories should be established in isolated rural communities, where the physicians in that locality can treat their emergency cases. These hospitals should not be under any Department of State, but should have a consulting staff from the nearest general hospital, in fact, be an extension of these hospitals and affiliated with them.

The Nursing Problem.

No more important problem is facing the medical profession for solution than this. With a shortage in the nursing profession in the United States of fifty thousand, as we are told, plus the difficulty experienced by each physician to secure nurses during the busy winter months, to say nothing of the difficulties of the hospitals, make it self-evident something must be done to bring relief.

The question is not an easy one. There are several interests involved, and each must be considered. Nursing the injured or helpless, is as old as the human race, and has evolved with it. First, nursing by the family, then by an outsider who was willing to assist, not as an occupation, nor for pay. Then by some one who had had some experience in nursing, either in her own family or others, was left without means of support, turned to nursing as a livelihood, usually under the tutelage of some kind-hearted friendly physician, and we have the origin of the practical nurse, many of whom became very proficient.

With the advent of modern surgery came the necessity for a different type of nurse altogether. The trained nurse, Originated by the physician and trained by the physician to understand the requirements of modern surgery and medicine, and responsible to him alone, she soon became almost his other ego, an absolute necessity to him in his work. It is true the girls who took up this work at that time had no easy life. Their hours were long and their work often strenuous. The doctor merciless. But, the evolution went on.

The vast difference in efficiency between the trained and the old practical nurse was soon apparent to the public, and then began to be an ever increasing demand for the trained nurse. In the hospital, the home, for schol work, and in industrial plants, in fact everywhere there were sick or injured, or likely to be. And the evolution went on. The

nurses realizing the importance of their profession, for it was now a real profession, considered it time their profession should be organized, and they petitioned and received from our State Legislature a law not only creating the organization of Registered Nurses, but particularly setting forth the preliminary requirements the nurse must have before the hospital could accept her. The course of training the hospital must give, the length of hours the nurse must be on duty, and refusing to recognize any hospitals that did not comply with the requirements of the law.

The effect of all this was to immediately reduce the supply of nurses, if not in actual number, to a point below the demand, which of course was always increasing.

To their organization nor to their educational requirements would I take any exception, as I have a firm belief that all things being equal, the better and broader the preliminary education and training of the individual, the more efficient will his or her after work be, no matter what their profession or vocation.

We shall always have room in educational, supervising positions and high grade nursing for all the well educated, well trained and highly efficient nurses our hospitals can turn out.

But, when as an organization they undertake to dictate to the hospitals that have graduated them, to the physicians who have trained them for their profession, as to who these hospitals shall receive as nurses, they have gone too far.

There is another side, an economic side to this proposition. The expense entailed in employing a trained nurse, and particularly when two are required, works a hardship to the home of moderate means, and this term hits the most of us. Nor, does the average medical, minor surgery, or maternity case need the services of a trained nurse, and still they are entitled to something better than the ordinary, so-called, practical nurse, who in the majority of instances is not only inefficient, but dangerous.

I can see no reason why our hospitals should not receive girls and women up to a reasonable age of good average intelligence and education, give them six months or even a year's training in the fundamentals of modern nursing, let them at the end of that time pass an examination in the things taught and

receive a certificate to that effect. But, revokable by the institution should they be reported deficient by one or more physicians.

I would strongly urge this problem be taken up by our Welfare Committee and with the cooperation of the various hospitals work out the solution.

Conclusions.

I have outlined a few of the many problems that are confronting the medical profession. Some I believe are actually pressing.

I have made my remarks purposely brief, with the idea that the members might like to discuss some of the suggestions made, although it is not according to traditions to discuss the president's paper.

THIRD VICE-PRESIDENT'S ADDRESS.

Delivered at the 156th Annual Meeting of the Medical Society of New Jersey, at Spring Lake, June 21, 1922.

GROUP MEDICINE FROM THE VIEWPOINT OF THE GENERAL PRACTITIONER.

By Alexander MacAlister, M.D.,

Camden, N. J.

One of the most significant developments of modern life is the trend toward co-ordination of effort in contrast to the active competition that characterized human relationships during the era that preceded the present one. At a first glance and during the early days of the change it seemed as though the consolidation of industries was a decidedly more logical step from an economic viewpoint than the multiplication and expenditure of energy as represented by the then prevalent competitive methods. But the general public, whom this apparent advance in industrial relations was supposed primarily to benefit, soon began to realize that the disadvantages of the system far outdistanced its advantages, and it was not long before its pernicious effects were such that it became expedient to resort to legislative enactments limiting the consolidation of important industries, which when carried to their ultimate and logical conclusion became actual combines "in restraint of trade."

While comparisons are nearly always odious, in this case it would be particularly so to compare the trend toward co-ordination in the practice of medicine to any such purely commercial and, it may be said, to a large extent unjust methods as represented by the trusts in the mercantile world. The medical profession has at all times been proud, and justly so, of its high ethical standards and the ideals of service to mankind—the foundation on which its practical principles rest. There is, however, a certain likeness between business co-ordination and the practice of group medicine which must strike the superficial observer. At a first glance it would seem to be logical, economical, and what is most important, of benefit to the general public. But a less superficial consideration of the question soon reveals the fact that these advantages are more apparent than real.

There is little to be said against the logic of this modern development in medical practice. First of all it is no new thing, since it has had its inception and is logically carried out in the modern hospital. It is here that results of various studies and tests are correlated and treatment accordingly applied to the individual patient, but it must be added, with the approval and under guidance of the medical chief. In this way each patient still retains a certain individuality and the personal relationship between doctor and patient is in a measure maintained. In the well-equipped and well-conducted hospital this team-work makes for economy as well as efficiency and redounds to the best interest of the patient, and finally, of course, to the general public. But it is open to question whether similar team-work can be so well regulated among a group of specialists, each, so to speak, a law unto himself.

On the other hand, such "groups" are apt to be provided with every advanced and modern type of physical equipment which hospital organizations may lack. It is, therefore, with respect to all such details of laboratory and diagnostic equipment that hospitals should at the present time direct their efforts. For it is by this means that they can best supply one of the most important functions of hospital usefulness and that is, offering opportunities for supplementary study to the practitioner whose daily

work has prevented him keeping abreast with the details of newer methods. It is not so much for their practical value as for their value in research study that many of the so-called instruments of precision find their greatest usefulness. Hospital physicians and surgeons should regard it as a duty and a privilege to open their doors to the earnest, less fortunately situated man, eager to inform himself of the latest advances in general and special lines of endeavor.

The advantages of hospitalization for many types of illness is generally recognized, but it differs very much from the method of Group Practice inasmuch as the commercial element does not so largely, if at all, enter into consideration, so that combined with the hospital is the factor of economy which Group Medicine claims as one of its chief advantages. A specious argument of the enthusiasts of Group Medicine is that, as constituted today the advantages of the hospital accrue mainly to the poor and perhaps to the very rich and that the large middle class are left out. Group Medicine is intended to fill in the gap between the two. It is thus supposed to be a forward step in economy. But is it?

The following significant incident may best indicate why Group Medicine, whatever may be its advantages can scarcely be considered economical from the viewpoint of the patient's purse. A young pathologist, connected with an up-to-date hospital and enjoying a fair income, on being asked recently what he thinks of Group Medicine replied: "I think it's fine, they pay their pathologist ten thousand a year." If the other members of the group draw or expect to draw proportionately good salaries it stands to reason that the method will be an expensive one and not within the reach of the modest purse of the great middle class.

On the whole the vast majority of illnesses which human flesh is heir to comprise minor complaints which warrant neither the expenditure of time, nor money, nor nervous strain entailed by an exhaustive examination by a corps of specialists. Not every case of digestive disturbance, for example, requires a blood count, blood culture, fluoroscopic study of the gastro-intestinal tract, laboratory tests of secretions and exudates, polygraphic and electrocardio

graphic tracings of the heart action; determination of blood pressure, of basal metabolism, instrumental examination of the naso-pharyngeal system and so on through the list. Even only a few of these examinations if applied in cases where they are not necessary are probably more apt to make an impression on the patient's self importance and on his purse than to be of any value in the diagnosis or treatment of his disorder. And in most cases where the simple tests are required they can be obtained with very little trouble and at a moderate cost, and often can be made by the general practitioner himself in his own office.

Another feature which may militate against the success of the innovation is the psychology of the patient. Group Medicine in the last analysis is a corporation method of service, but it must be remembered that medical service to use the commercial term, cannot be sold to the public. It is fundamentally and essentially a personal service. From the psychological standpoint Group Medicine loses sight of the effects on the patient of a frequent repetition of his medical history to successive examiners, to say nothing of the strain of going through a series of, to him, mysterious and frequently uncomfortable and embarrassing forms of examination.

It takes little stretch of the imagination to picture the state of mind of the unfortunate individual after he has gone through the ordeal of a diagnostic study by such a body of specialists. Or as Stengel has so aptly put it, having had trained upon him "the batteries of diagnostic modern medicine and all the chemical warfare of carboniferous derivatives and sero-colloidal cures."

When special examination or study is required every good general practitioner has, so to speak, formulated his own system of comprehensive study of his patients, so that when occasion arises he sends his patients to such specialists as circumstances demand, **without in any way being limited in his choice of the same.** The result of such examination is then communicated to the referring physician, and it stands to reason that owing to his closer personal relationship with, and more intimate knowledge of his patient he is the one who can best judge what and how much it is safe to tell a sick individual with regard to his

own condition. For as a rule, the family physician is one who has been in attendance for a number of years, and is well acquainted with his patient's peculiarities and idiosyncracies, and therefore is in a position to shield him from shock and the annoyance of hearing disagreeable facts which it is not always necessary nor wise for his patient to know. When it is essential to impart such knowledge the family doctor can choose the proper time and occasion for giving the information in a tactful way. The patient's confidence in his counsel will go a great way toward sustaining an optimistic outlook as to the results of his ailment. It seems almost useless to emphasize the fact that a knowledge of psychology is as important a branch of therapeutics as a knowledge of the body in health and disease. And just as unnecessary is it to point out that it is because of the influence of mind over matter that the unscientific, illegitimate and unethical therapists owe much of their success. It is the personal touch that is in danger of being lost in the practice of Group Medicine.

Other dangers to which thoughtful men in the profession are calling attention are over-specialization and the still greater one of developing a routine which may lead to loss of interest and finally perhaps to carelessness. They contend that a specialist as a part of a working system would undoubtedly have occasion to examine a considerable number of average cases routinely, and would on these have to make the same detailed reports as on the unusual case, he may occasionally encounter. This daily routine would naturally become monotonous, and monotony, we all know, not only "dulls the edge of enthusiasm" but is apt to make the average person careless. Practically the work is likely to degenerate into mere dispensary work, and none of us like to stay in that type of work very long on account of the monotony and the dangers of losing our interest in the same.

As to over specialization, "many of the refinements of diagnosis," again to cite Stengel (Virginia M. Monthly, 1921, xlviii, 433) "cease to be of daily use except in the hands of those whose facilities enable them to push still farther the realm of knowledge. The electrocardiograph and polygraph have cleared up for us many of the knotty

problems of cardiac arrhythmia, and chemical and physical studies have given a somewhat more definite classification of renal diseases; but in daily routine, the trained clinician can, with relatively few exceptions, dispense with these refinements." Excessive refinements are harmful in certain ways, for while the doctors are studying their cases, the "healers" boastfully claim they are curing their patients. Furthermore there is a danger of relaxing the personal effort necessary to determine matters for one's self, and to rely on mechanical and laboratory aids, or to let the laboratory technician perhaps, make the decision, which of right should come from the doctor on the case, guided to a large extent by his own experience. Much of the laboratory information is more valuable as confirmatory evidence than for actual detection of actual, existing pathology.

It is particularly since the war that Group Medicine has come prominently to the foreground. Many of its advocates, in fact, have based their arguments in its favor on the success of the co-operation of the various branches of medical and surgical services during the war. While on the whole the organization of these various services was admirable and owing to strict military discipline, was highly efficient, one of its baneful effects was the overspecialization already referred to, and which menaces the practicability of Group Medicine, because of the inevitable narrowing of a person's viewpoint when his work is limited and so highly specialized. Again it may be said that in war time the individual loses much of his identity as an individual, and becomes merely a part of a huge machine. It is to say the least, unnatural to continue such "herd" or group practice into peace times. At the risk of wearisome repetition I wish again to emphasize the importance of the personal relationship between doctor and patient. Weir Mitchell has depicted it with unerring nicety in his little book bearing that title, and Robert Louis Stevenson has immortalized it in the following paragraph: "There are men and classes of men that stand above the common herd; the soldier, the sailor, and the shepherd, not infrequently; the artist rarely; rarelier still, the clergyman, the physician almost as a rule. He is the flower

(such as it is) of our civilization; and when that stage of man is done with, and only to be marveled at in history, he will be thought to have shared as little as any in the defects of the period, and most notably exhibited the virtue of the race. Generosity he has, such as is possible to those who practice an art, never to those who drive a trade; discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments; and what are more important, Herculean cheerfulness and courage. So that he brings air and cheer into the sick room, and often enough, though not so often as he wishes, brings healing.

Group Medicine may have and undoubtedly has some advantages, but its inherent dangers are the loss of idealism and the personal touch as depicted in the foregoing lines, and to a still greater extent commercialism. Advertising is entirely opposed to medical ethics. To be of real service to the public and to the profession Group Medicine must not transgress this fundamental principle. Nevertheless we are daily being confronted with press notices of the superior advantages of one or another body of associated diagnosticians, internists and surgeons. Not only that; but in some instances advertisements of the importance and indispensability of certain expensive tests are being circulated mainly by the directors of public laboratories and similar organizations to the consternation and exploitation of an unsuspecting public.

It will not be long, however, before the public will awake to the actual state of affairs so that as in the industries legislation may here also possibly be resorted to in order to prevent such corporation methods of medical practice. In fact, in certain states such enactments are already in vogue and the astute practitioners find themselves compelled to evade the law by forming into "partnerships" instead of corporations.

Unless restricted by law there is also danger of this type of practice being favored by law so that we may possibly be confronted with such conditions as prevail in England and which were prevalent in Germany before the war, where Compulsory Medical Acts interfere with the free choice of one's physician on the one hand, and one's clientele on the

other. We do not want this kind of socialism in medicine.

The general practitioner is just as useful and as indispensable as he ever has been. The trouble is that the trend toward city life is being felt in the medical profession as it is in other activities. That the pendulum is already beginning to swing to the opposite side is evidenced by the slogan "back to the soil." In the medical profession this same cry is reflected in the demand coming not only from the rural districts but from the large cities as well, for a return into the realms of medical practice of the sympathetic family physician, the wise counselor and devoted friend.

THE ROLE OF THE MEDICAL PROFESSION IN THE PREVENTION OF TUBERCULOSIS.

By Berthold S. Pollak, M. D.,
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For some time past, the medical profession has been pointed to as the first line of defense in the propaganda of Tuberculosis Prophylaxis.

At a recent meeting of the North Atlantic Conference on Tuberculosis, held in Philadelphia, and again at the Conference of the International Union Against Tuberculosis, held in London, England, last July, this matter was the subject of serious thought and considerable discussion.

The topic assigned to me for discussion and which, by reason of limited time, can but barely scratch the surface, is "The Role of the Medical Profession in the Prevention of Tuberculosis."

The medical man, in general practice, exerts an individual influence in looking after a certain number of people, whose life history he knows, better than anyone else can. He is, indeed, the first line of defense against all forms of disease and can carry out, on a small scale, the functions discharged by bodies specially organized for this purpose.

As tuberculosis is largely a home-bred disease, the medical practitioner is well placed to supervise the general hygiene of the home and its occupants; he can guard them against infectious diseases, such as measles, influenza and whooping cough, which, by reducing resistance, favor tuberculosis and the lighting up of a latent process, advise

prophylactic treatment such as the care of the mouth, throat and the removal of adenoids; see that the food is suitable and advise concerning milk and its supply; insist upon care during convalescence from acute infectious diseases; call attention to the proper handling of pregnant women (pre-natal care) and bear in mind the importance that the strain, connected with pregnancy, bears upon the development of tuberculous disease in women. It is he who can call attention (when possible) to change of climatic conditions if indicated and advise rest, when necessary. See to it that the growing child is not in order to make up time lost, by an acute illness, over pressed at school.

The general practitioner is in the unique position of being able to detect the earliest manifestation of infection and disease. By wise advice, as to the need of change of air, by recommending relaxation of strenuous school life on altering existing conditions, so as to relieve strain, he may, time and again prevent incipient tuberculosis.

His value in the early diagnosis and notification of the disease, so as to prevent infection of others in the family, can not be over estimated. Thus, the separation of an infant from a mother with tuberculous disease, largely depends upon his initiative. It is he who should decide whether the patient should be sent to the hospital or the sanatorium or perhaps, in the case of the exposed child, to the preventorium. He should if possible, determine the cause that led up to the development of actual disease or, perhaps, determine, when possible, the cause of infection, in order to introduce measures that might minimize the possibilities of infection to others in the same family. No doubt the process of notification is often times resented by the family but its importance is obvious. The success of the measure depends upon the loyal co-operation of the medical man and the patient's family for it is indeed deplorable that hundreds and perhaps thousands die from tuberculosis without knowing it at all and that many notifications are made in the last stages of the disease, thus stultifying the object of this regulation.

Sir William Osler, in addressing an audience of physicians on the subject of "Tuberculosis," shortly before his death said:

"Gentlemen—The leadership of the battle against this scourge is in your hands. Much has already been accomplished, but much more remains to be done. By early diagnosis and prompt systematic treatment of individual cases, by striving in every possible way to improve the social condition of the poor, by joining actively in the work of the local and national tuberculosis societies, you can help in the most important and the most hopeful campaign ever undertaken by the profession."

It must be remembered, however, that great as are the opportunities of the general practitioner, they may be accompanied by corresponding difficulties in effecting what he knows to be right.

Very often, the patient does not seek medical advice until the disease is of considerable standing as a focus for infection of the contact and the result of his efforts to prevent the spread of the disease may be so disappointing as gradually to render him somewhat hopeless of the value of his share in the campaign.

The individual work along epidemiological, pathological and clinical lines should not be forgotten, as an element of the greatest potential importance in the prevention of tuberculosis.

Of course the laboratory worker is usually a member of the team, but this is not necessarily so and when he is not, the solitary worker deserves all the possible support.

The consideration of the almost universal tuberculosis infection, that occurs early in life in civilized communities and the partial immunity thus confessed, has stimulated investigations, notably Calumette, to search for a harmless and effective vaccine for infants.

Physicians attached to hospitals and particularly to teaching hospitals, have a great responsibility inasmuch as their policy in connection with hospital administration, does much to shape the future of the young medical men, who leave the portals of their hospitals, annually, without receiving instruction in the diagnosis of tuberculosis.

We cannot too strongly emphasize the importance of providing for cases of pulmonary tuberculosis in the general hospitals, (I cannot help but point with pride to the plan adopted by both Mayor Hague and Dr. Nevin, the Medical Di-

rector of the Jersey City Hospital, who have instituted as thorough a department for tuberculosis as the most idealistic dreamer might desire) and to point to the practical features of having a tuberculosis dispensary in each hospital, thus establishing another important link in the chain. Here the opportunity of early diagnosis is given the interne, under supervision of an expert on tuberculosis; here the symptoms of early diagnosis are impressed upon the student and interne alike. It is here that the young physician learns to make a diagnosis of tuberculosis, long before laboratory affirmations establish the existence of this disease.

It is of course apparant that such delay is dangerous to the patient himself and to those about him, because of the danger of infection to those around him.

Experience in physical signs requires much time, more than is usually given to it, because we are too prone to be lulled into security by the comforting fact that someone else, the laboratory man, will make the diagnosis.

The need for the creation of a department for tuberculosis in our medical schools is being more and more recognized and we, as medical men, should insist that all medical schools be thus equipped.

As members, leaders and advisors of the general public and other bodies, notably our Municipal, County, State or National Tuberculosis Associations, medical men can play the part of experts in insisting upon measures calculated to improve the general health of the public and can take their place and actively participate in studies, investigations and corrections of the economic and social conditions that are responsible for unemployment, poverty and disease.

The improvement of the physical welfare of our citizens is a very wide field and, to meet with success, the details, which are too obvious and numerous to describe, and some; such as the abolition of poverty and of strain, very difficult to obtain, must all receive attention. To mention some, only: good living, accommodation, sufficient and proper food, fresh air, sunshine, the suppression of smoke, splitting and dust nuisances, freedom from overwork, emphatic attention to industrial hygiene, a pure milk supply, under municipal control and support in the erection of city gardens,

planting of trees, open air schools and foster homes for children of tuberculous parents.

Syphilis reduces the resistance to infection and thereby favors the onset of tuberculosis; it permits latent tuberculous disease to become active. Syphilis, in disposing to tuberculous disease, has not, perhaps, received the attention it deserves and the apparent symbiosis of the tubercle bacillus and the spirochetè, for example, in the lymphatic glands, requires wider recognition. Fuller statistics, showing the incidence of tuberculosis in patients already syphilized and the influence of the syphilitic on the prognosis of tuberculosis are desirable. Statistics on the incidence of tuberculosis in syphilitic subjects vary considerably, and it is desirable that they should be collected in separate groups, showing the incidence of tuberculosis in the early and later stages of syphilis. Measures advocated for the prevention of syphilis have aroused much feeling among earnest and conscientious publicists and though it is a subject bristling with difficulties, I believe it is essentially a medical problem and, therefore, venereal diseases should be treated along same lines as other infections.

The alcoholic problem has, to a large extent, been settled. There is very little doubt that the Prohibition Enforcement will show some interesting data and an analysis of the figures which will soon be obtainable, will be an important link in the knowledge which must be obtained in order that we have a correlation of all things that are needed to make a solid chain in tuberculosis prophylaxis.

Finally, and this is really, at least as we consider the problem to-day, the alpha and the omega of the whole situation, **the care of the child**, inasmuch as we are almost in accord as to the universality of childhood infection. We, as physicians, should see to it that every safe-guard is thrown around the child of school age. This will best be accomplished, first, by the teaching of practical hygiene in public and parochial schools, adding to the well known curricula of the "Three Rs" a practical course in the elementaries of hygiene and in addition thereto, have the proper physicians appointed to act as examiners in schools, men of high professional attainments who would be able to discover infection or even incipient disease in childhood, a

most difficult procedure; men who would be able to appreciate the influence that acute infectious diseases lay upon the development of tuberculous disease, who would institute measures that would, from an economic and a public health point of view, over-balance anything that has yet been attempted.

Gentlemen of the profession, we surely have much responsibility and, according to our interpretation or acceptance of our duty, will the problem be met and, if we meet it, posterity will rise and call us blessed.

THE MIND OF THE PHYSICIAN.*

By **Gordon K. Dickinson, M.D., F.A.C.S.**,
Jersey City, N. J.

There comes a time as we walk along the road at the close of day, with careless step—plucking the flower we did not tend,—then, looking up at the hills, a wonder creeps over us as we think of the reincarnation of our life in this walk,—our destiny having been worked out for us only as our minds developed.

We are not born into the world equal mentally, for the strong strain of inheritance and the taints that come to us from our ancestors have a potent influence on the type of personality given to us for development. Most of us can remember back a few generations among those who have been considered of the family, and how different have been the peoples whose various characters have descended to us in an unknown blend!

Groszman claims that five per cent. of the children born are defective, another five per cent. develop into the exceptional, the (geniuses), while ninety per cent. are mediocre. Mediocrity means a dependence for development more largely on the incidents of life, particularly those of early life. Rush claims that by the time a child is twelve years old, he has fully developed all evidences of personality, and it is also claimed that the genius, the man of original epoch-making thought, reaches the acme by thirty-two. The mind is most plastic in this period. It is now that impressions are most intense, that one's future life work and accomplishment obtain their impress. When we pass middle life, reason and æquanimity should

*Read at the Roanoke, Va., Medical Society meeting, April 17, 1922.

prevail, but there is often a failure to correlate ourselves to surroundings. We are obsessed, and there is lack of sane thought.

We begin life carelessly, giving little thought to else but ourselves. We feel that we are the world and the world is ours. Our ancestors are an unimportant past; our conceit, our sense of vigor, and the assurance which comes with high vitality lead to an independence of thought and action as is suggested in the opening sentence. The weak and the lowly we treat with an indifference amounting to a suppression of the best that is in them. That which is pleasing and attractive we take to ourselves without thought as to the rights of others and whether matters would be bettered by our possession.

But the time comes when we think soberly and reason. We have passed through the age of idle curiosity. We ask ourselves the questions: "Who are we and what is this mind that is given us? What does it all mean? Why do minds differ, and which mind is best?"

Materialism has been so rampant for years, that a speculation on the mind of the doctor may not only entertain, but give instruction worth while. Intellect in the concrete has been analyzed for ages, but as an abstract proposition we should reach nearer the truth to acquire greater aid.

Let us consider the three types of mental development: the three notable professions—**Religion**, dwelling on faith on the one hand and dogma on the other, tends to a narrow horizon and an intolerance of truth as seen by others. It has many phases but no growth. It is an emotion which so takes hold of its devotees that an intolerance of anything contrary is formed. In the history of the religiously minded, it is seen that the truths of Nature as they are discovered and exploited prove very disturbing, and many a wise man has gone to the stake or been excommunicated because he saw the Creator in a way different from the orthodox thought. They have thus treated their Pasteurs and their Listers.

Law favors the judicial. It is logical and develops good reasoning power, but is crystalline and fails in expansion. It does not tend to growth, nor to dreams which lead to ambitions and discoveries. "The lawyer is moved to precedent and

conviction, with fundamentals as fixed as the granite hills, though varied with verdant new growth," and his mind so bound in technicalities that sometimes it seems as if equity and justice were sacrificed to them. The judicial mind never grew a hyacinth.

Medicine is so big and broad and deep, of such rapid growth and change, that no brain is sufficient to grasp it all. No clergyman nor lawyer can find in his line this joy of mental expansion. It is like swimming in the ocean rather than in a pond. The doctor lives in a new and everchanging world, where nothing is fixed, where repetition is rare. Should Henry Ward Beecher come back to his pulpit, he would find his preachment just as understandable and effective as in his day. Should Chief Justice Marshall return to his bench, he would find the law unchanged and his decisions acceptable. But should the most competent physician or surgeon of fifty years ago return, he would be at a loss, for the physician would be obliged to study medicine over again, and the surgeon would not be able to do the ordinary work required in the operating room.

Evolution is a general law as to the mind. It is one of change to that which is better, more refined and more cultured; a touch of the Creator in action. This is markedly expressed in medicine. Here we come nearer to Nature, we get closer to the secrets of the Almighty, for no matter what branch is taken up for special study, the miracles of life are expressed in it. In the mind of the physician we may look for that which is noblest. Here we will find such attributes as were considered by Plato and by Christ, the perfect mirror of truth and service-giving.

The definition of the mind as given to us is the fossil of the older philosophers: "That which feels, wills and thinks." Psychology does not answer the question, but even though the question may never be properly answered, there should be some better understanding of it and of ourselves than is given there.

The biochemist tells us that in the brain cells the nucleus is acid and the protoplasm alkaline, in fact a small battery generating electric currents, that disseminated through the protoplasm is a lypoid substance which stains heavily, that one's will, one's energy, and one's mental calibre depend upon the quality

and quantity of the lypoid substance and the energy of the electric discharge. All this is material and again fails to give comprehension.

Endocrinologists tell us that the anterior lobe of the hypophysis has some guardianship over the brain and its internal secretion, thought; that when the brain wants to think the anterior lobe facilitates activity in some way; and that clear, concise thought goes with a well-developed and functioning anterior lobe. A diminution in its action, or suppression of its function, leads to a lethargy, and diminished mental activity, according to its effect, through the gamut of high-grade defectives to the degenerate. It is said that sleep, normal and pathological, is incident to a type of its activity. But both the biochemist and the endocrinologist are looking at the reverse side of the mirror. They fail to see the true portrait inherent in it.

Perhaps we can best understand ourselves by going back into remote times to learn how the mind developed as ages passed. Curiously, the law of recapitulation applies perfectly. The development of the human race is paralleled by the development of the mind. Medicine, which means the medical mind, is also recapitulated, and, as a further coincidence, we see the child developing from infancy to manhood the same mental attributes discovered in the history of the human race.

Just as our ancestors are a part of us, so the past is a part of the present. The Lord did not create the world aeons of years ago, he is creating it today. So man was not made perfect and placed in the Garden of Eden. He is now in the process of making. A retrospect gives perspective, and although we may never know what the mind is, as we may never know what the soul is, still, by glancing over the growth of the intellect as we have it in written history, we may better understand what we are now and better comprehend our mixed natures. The fact is, we have several natures, perhaps several souls, not amalgamated, but in co-operation.

It is reasonable to suspect that for many hundreds of thousands of years, before the dawn of history man was nomadic, wandering, without knowledge, impressed by that which entered the brain through his senses, emotional,

mystified by what he could not comprehend, and which possessed, or seemed to possess, power. In his way he worshipped such evidences, as the Peruvians worshipped the sun. His mentality was largely activated by the sympathetic nervous system and the endocrines attached. Love, fear, fright and action dominated.

Some of these nomad tribes settled in the fertile crescent north of the Arabian desert, which extended from Babylon around to the Red Sea. They became tillers of the soil, formed villages, and gave the starting point to civilization. Likewise, in the fertile area beside the Nile. Life was comfortable, food easily obtained, and where people had plenty of sunshine, comfort and food, they gave themselves over to a form of life which favored the development of the intellect, so, we find in Egypt and in Assyria, (fortunately preserved by the climate), evidences of culture and refinement, and a clearing conception of what man is and should be.

Undoubtedly, long before the time of which we have any knowledge, intelligence in many individuals must have been notable, and the average man improved. On the rocks of Assyria are inscriptions of one A-Su, a physician who knew water and its value.

Some three thousand years B. C., Imhotep built the first pyramid. Travelers came down from Greece, saw the construction and heard of him, who was not only architect, but philosopher and physician as well. Journeying back to Greece, they translated him in name and position to Aesculapius, and formed a cult which existed for centuries in that country, developing through observation of the sick, (accurate records of whom were kept), a type of medical literature, but in conjunction with it religion and man, like the primitive man today, the mysteries. The barbarian, the early whether he be aborigine or the low-grade practitioner, was easily mystified, his mind largely led by that which was to him mystic, or appealed to his senses.

But there are always being born, men of higher calibre, the exceptional five per cent., and in Greece, some five hundred years B. C., we have Hippocrates, whose writings have come down to us. We have knowledge of great men preceding him, perhaps equally great, but their writings are lost. This was the

age of grandeur in Greece; philosophers, mathematicians, men of learning, and the physically strong. They came because the time was ripe. They came because their minds were not suffused by an obtunding religion, and the work of Hippocrates and of the large minds of that day, became the moving force, the guiding star, to the true, the good and the beautiful ever since.

It sometimes seems but tiring reiteration to refer back to Hippocrates, but one who has read his works, who has studied the time in which he lived, who will but note the rude life of the majority and the numerous evidences of the strong hold of superstition and conviction, will feel it but reasonable to be guided by his work. From that day to this we have often wandered from the straight path. We have worshipped other gods, only to come back to his principles and to his preachment. In two or three quotations we can succinctly give his lofty attitude:

"Nature is the physician of disease."
"The physician who is also a philosopher is god-like." "Where there is love of humanity, there will be love of profession."

Undoubtedly, Hippocrates is far more to the present and succeeding generations than he was to the one in which he lived. Time is the sole test of merit.

Another highlight in the past was Aristotle. He was a keen observer, studied deeply into many topics, and gave an impetus to the fundamentals of medicine, notably embryology, from the standpoint of a naturalist. He left numerous works of immense value, some of which are still extant.

Galen flourished about two hundred A. D. He studied symptoms, he studied his patients and conditions as expressed by them. Being of a philosophical turn, he gave to the world a work that, offending no religion, had its impress for a thousand years. It became the bible of the profession. To dispute it, was to be ostracized or put to the stake.

The philosophers of Greece carried with their philosophy the embryo of our present day religion. Accurately speaking, our religion, the religion of today, not the dogmas of the different churches, was enunciated by Plato, so from that time on there became a closer amalgamation of religion with medicine. After

a few centuries, religion developed into dogma. From dogma it became crystallized and perceived no truths other than itself. The true physician, the man with scientific mind, purges his soul by studying Nature. This was not accepted by the dogmatists, and for many centuries medicine was in ill-repute, chiefly because the medical mind knew but the Creator, and could not be man's servant with any other thought. So at one time, it was a crime even to practise the art.

Fortunately, it was not suppressed, but passed over into Egypt and Alexandria, (where it had a mighty growth), then around to Spain, so that we find in the fifteenth century physicians of repute, clear of thought, developing in the Western countries an art bettered by the minds of the Jew and Saracen.

With the fall of Constantinople, the discovery of the art of printing and the discovery of America, mighty powers were instituted to divorce dogma from scientific thought, and gradually the light again began to shine.

Naturally, there had been a number of competent fearless minds in the interim, among the Jews, Arabs and Moors. Later we find Versalius, who was the first to study the anatomy of the human body carefully and accurately. He had wonderful drawings made, either by Leonardo de Vinci or one of his pupils. No better anatomy has ever been executed. The people of his day were still crude, easily influenced by their imaginations and led by speculation.

It was not until the time of Roger Bacon that man began to investigate, and reach the age of reason, of trying to prove things through research. Dating from this time, medicine gradually worked more and more towards a science. The average man and physician would vaunt the influence of the mysterious. Religion, being an emotion, still held sway in the average mind, but the desire to know the truth and to search into it was ever present, and the ablest physicians, those whom we read about (not the ones who have been buried and forgotten), though they possessed religion, though they were still influenced by the occult, in their practice were studying symptoms, and we can see that the advance in medicine, the advance in the knowledge of disease and the ability to diagnose and prognose have come

through intense study of the reaction of the patient to his lesion, which is called symptomatology.

It is only a few decades ago that Pasteur discovered germ life and its correlation to disease action. Koch, Lister, and others quickly took advantage of it, and from that day, and from that day only, can we say that we have the noon-day light on the ailments of the body. We owe to these men a gratitude which can never be expressed for opening up the way to explain the phenomena studied so conscientiously and thoroughly by our predecessors.

But the average man and the average practitioner is still living and practising very much as though these wonderful minds had never lived and written their works. Man tends to fall to his low level. If we will but meditate over medicine as practised today, if we will carefully study human nature as evidenced in those we meet, it cannot but be seen that intellectually we are not above our ancestors, that the average man of today is like the average man of the past. We have a better education, we have a greater knowledge, we have a larger fund of experience, we have more books that can be read, but that does not make the unusual mind.

Scratch the next man you meet and underneath you will find perhaps the cave-dweller close to the surface. The next man may be a dogmatist; another, one who is easily led by that which is occult. Scratch a little deeper, and you find all three. The same way with your patients. In every person who is ill, as you sit by the bedside, you will discover that the illness opens up his deeper nature. One may be impressed by ceremony, another by the ways of the church. The rare man wants the truth and only the truth.

Galen was disturbed because there were so many charlatans at his time, fearing that the fruit of his work would be suppressed by them. We will always have pathies. We will always have the irregular practitioner, because it is but a few generations back in the life of any individual to a crude, susceptible mind. Many of our physicians are using medications for which they have no scientific foundation. Our dispensatory is a sad evidence of this weak point in therapy.

We have every indication that man is

in the making, that his intellectual powers are increasing, that there is a larger percentage of those who are brainy, that illiteracy is diminishing. In the civilized countries there is not as great hiatus between the mediocre and the exceptional. Education through the schools, through literature, through contact with improved surroundings, and through travel, is developing a better type of mind. It is obvious that we have "a moral obligation to be intelligent." It is with the brain as with the body; use develops, abuse and neglect tend to a degeneration.

Every instrument of percision that has been invented to abet and save the mental faculties or the senses has started a type of deterioration. The athlete who takes the trolley or motor-car instead of walking, loses his wind and his laurels. To be subservient to the laboratory or to mechanics, to substitute them for study and contemplation, are irrational and do not make for wisdom.

We should gather from the past the one important fact, that all advance in medicine and in the knowledge of disease is to be obtained by a cross-examination of the patient as to his symptoms. Osler, John Hunter, Sydenham, Boerhaave, and so back to Hippocrates, made themselves clinicians by the study of the patient at the bedside.

Further, let us not feel that we are the world and that all life is in us, but recollect that the past and the present, that you and I, and our patients, are but a conglomeration of truthful endeavor, religious emotion, a bending toward the mysterious and intelligence.

ADDRESS TO GRADUATING CLASS

Mountainside Hospital Training School
Montclair, N. J.

By Foster Kennedy, M.D., F.R.S. (Edin)
New York City.

It is a very real pleasure to me to be allowed this evening to address you on the threshold of your professional lives. You have worked long hours and hard during the term of your education, at times you have been discouraged by daily monotony and made sad by failure of effort; like Christian, you have come through a Slough of Despond, you have

had to listen to the forebodings of Mr. Faint-heart, and often enough there have been lions in the way—you see now, however, the Delectable Mountains. They are not delectable in the sense of being a haven of rest, but have in them the good cheer which comes from a sense of accomplishment, and buried in them are treasures of happiness and a not inconsiderable adventure.

You have chosen for your sphere of labor a profession arduous, yet satisfying; one which will give you a great content in that your material will be the stuff and fabric of life. There will be in it a huge variety compared to the deadly sameness of the routine of commerce. You will learn intimately of the lives of others—of all kinds and types of your fellows—you will know their problems and not seldom will be called on to solve them. Your medium will be in flux—in constant biological change—not dull figures and machiens, but living souls and living bodies. Let this thought give you enthusiasm, for by it you will preserve your own youth. Let your imagination grow stale, and your outlook on your patients' destinies conventional and formal, and on those days you will begin to age and wither away. Every case if viewed rightly by you is a high adventure and a great trust. Romance is not dead for you, for you are to be handmaidens of the human spirit. Pan is not dead, he lives in every bit of laughter with which stout hearts face anxiety and fear.

A sympathetic understanding will do much to heal your patient; let the springs of compassion never become dry in your hearts, but be aware that by your loving kindness you can make the world richer and yourselves gayer. Never grow hard,—for the man or woman of medicine who thus formalizes and congeals his sympathies has already begun to die, and to die first in the best part of him—his imagination. Such practitioners, be they nurses or doctors, have failed to see the essential nobility of man, who "savagely surrounded and savagely descended clings forever to some poor rag of honor, the jewel of his soul." This is not to say that you must suffer fools gladly. Yours has been an education not in mere hygiene and asepsis, but in Proportion; you have gained a standard of values not reached by all of whom you will have care. You will be educators as well as guardians of health

and must slay vulgarity of thought when you see it as St. George slew his dragon.

May I turn from your duties and your opportunities of the future, to a consideration of your wisdom of the past? I mean to your original professional choice. I have seen so many men—friends of my own—younger sons without money or prospects of money, educated in the best schools, so that later they take classical degress with honors at the universities, and, later still, come well nigh to starvation for want of a peg on which to hang their talents; for lack of demand for their services; for lack of market for their highly decorative but unutilitarian wares. Give them a profession, say I, some service to which they have been trained, some technical ability which will make them wanted by the community for their value as well as for their beaux yeux. If they want to paint, to write, to make music, let them do so as recreation for themselves and their fellows; if they excel at these things, then they will paint or poetize inevitably, despite their trigonometry and their potions and possets—for the overfull cup brims over. So also for you nurses—you have a profession which you can practice in every quarter of the globe, a staff which will support your steps in every country. You will not be the slave of one employer, liable to destitution on the whim or caprice of one man or woman. You will be able to hold your head high, for you have achieved an independence which all but the very highest ranks of commerce envy you.

Do not think, however, that your education is now completed; that is never true of any human being, and ought never to be countenanced by any of our fraternity. Be interested not only in your profession, but in literature and in life. You do not aim to be automatons bearing food and water. You will be the companions of those who are sick, and what may be more difficult, companions of those who have been sick and are not yet well. See to it that for such you are not a figure demanding conversation and entertainment. I have known restoration to health to be delayed owing to the drain on the patient's reserves made by a nurse difficult to amuse or retrieve from boredom! Know things, learn things, read good literature: it supplements and interprets the intense

living which will be yours. Learn handicrafts that you may usefully employ dull hours and teach those who still find mental activity beyond their strength. Some of you should add massage and the knowledge of gymnastics to your repertory. Your value and resource will be thus enhanced. In short, let there be no complacent folding of the hands—only in the Orient can that attitude be adopted healthfully, we of the Occident must struggle for achievement, must replace constantly a gained objective by another more remote and more hard of attainment.

Your profession is fully organized and is in your own hands, ancillary to medicine it is independent of our mandates, but our desires for your growth and welfare must be apparent and the honesty of our advice be undoubted. Therefore I ask for leave to suggest the propriety of making the course necessary for graduation shorter and less full of toil; much physical labor now done by probationers could better be carried out by ward maids; in this way recruits are brought to the colours, and time is given for post-graduate education and endowment. I am not sure, also, whether hospital life from the nurses' standpoint is not too rigidly disciplined, too austere. I've made a plea tonight for laughter and some merriment as an adjunct to medicine and an alleviator of surgery. Our nurses might supply these graces of our art more easily if they could find time and place for some outdoor games and some dancing during the years of their tuition.

I want to give to each one of you girls who are coming to join our ranks a right hearty welcome, and a promise of aid and comfort should you ever need it. Your old hospital here will always remember you and regard you with affection and interest. See to it that you repay your Alma Mater with blithe and ready service.

As I close, will you let me paraphrase some words of Edmund Burke, whose great prose may thus eke out my lack of matter:

"It is therefore our business carefully to cultivate in our minds, to rear to the most perfect vigour and maturity, every sort of generous and honest feeling that belongs to our nature. To bring the dispositions that are lovely in private life into the service and conduct of our pro-

fession; so to be nurses as not to forget we are gentlewomen. To model our principles to our duties and our situation. To be fully persuaded that all virtue which is impracticable is spurious; and rather to run the risk of falling into faults in a course which leads us to act with effort and energy, than to loiter out our days without blame and without use. The profession of medicine and of nursing is a situation of power and energy; he trespasses against his duty who sleeps upon his watch, as well as he that goes over to the enemy."

County Medical Societies' Reports

BURLINGTON COUNTY.

Daniel F. Remer, M.D., Reporter.

The Burlington County Medical Society held a regular meeting on June 14th, 1922, at Mount Holly. Dr. Nathan Thorne of Moorestown presided. There were 28 members present.

The Welfare Committee gave a report of the meeting of the State Welfare Committee and from its report it was resolved: That Burlington County Medical Society was opposed to a separate schedule for the new amendment of the Workmen's Compensation Act, but that it would abide by the action of the State Society in amending our regular schedule of fees.

Dr. Armstrong, the newly elected resident physician at the Burlington County Hospital was then introduced, and invited to take part in our discussions and have dinner with us.

A resolution was adopted and a copy to be forwarded to the State Welfare Committee, complimenting them upon their wonderful work of the past year, and urging upon the State Society the necessity of continuing the committee.

Dr. H. E. Longsdorf then introduced Dr. E. L. Eliason of the University Hospital of Philadelphia, Pa., who read a paper and discussed it by demonstration with photographs and lantern slides on "The Results of Fracture of Femur." Dr. Eliason's paper was very practical and was very much enjoyed by the members of the society.

Dr. Longsdorf then reported several interesting cases.

The society after dinner adjourned to meet at Burlington in October.

GLOUCESTER COUNTY.

Henry B. Diverty, M.D., Reporter.

The regular meeting of the Gloucester County Medical Society was held at "The Hallowell School of Adjustment," Ventnor Parkway and Summer Avenue, Atlantic City, June 1st, at 3 o'clock P. M., with a large attendance.

The members of the society were the guests of Dr. Madeliene S. Hallowell, the Director of the School. She gave us an exceedingly interesting talk about the work of the school which was very profitable. She exhibited the children and gave account of the progress

they had made which in most cases was remarkable. We were all very grateful to the doctor for the larger visions she gave us of these physical and mental defectives.

Dr. James Hunter reported against the proposed Schedule of Fees in the Workmen's Compensation work and on motion the society voted unanimously against it.

Dr. D. C. English, editor of the Journal, was present by invitation and gave us an account of the work of the State Society's Welfare Committee and especially of the arguments against the schedule of fees.

Dr. Hollowell had not forgotten the inward man; she provided most bountifully for her guests and as a host she cannot be surpassed.

MORRIS COUNTY.

Marcus A. Curry, M.D., Reporter.

The June quarterly meeting of the Morris County Medical Society was held on Tuesday the 13th, at Shongum Sanatorium, which is the Morris County Tuberculosis Hospital. The sanatorium is situated on a plateau of about ninety acres in the cool, breezy, invigorating hills of Morris and combines with its exhilarating climatic conditions diversified views of undulated scenery of panoramic grandeur.

In addition to a splendid attendance of members of the society there was present a veritable galaxy of men and women prominent in civic and public activities of the county and state. Among them were President Thomas D. Leonard and the other members of the board of managers of the sanatorium; attending physician, Dr. Frank H. Pinckney; Director Frank D. Abell and the members of the county board of chosen freeholders; George W. Downs, county treasurer; members of the county anti-tuberculosis society; several wives of the medical men of the society; Dr. Harris Day, ex-president of this society and now of Ogdensburg, Sussex County, and many other non-members of the society, making an aggregation of approximately one hundred and fifty.

President Costello called the formal meeting to order at noon, in the spacious solarium of the sanatorium's nurses' home.

Communications were read from Joseph H. Gunn, executive secretary of the Welfare Committee and from Commissioner Lewis T. Bryant, bearing upon the Workmen's Compensation law, with reference to a schedule of physicians' fees and the preparation of a blank for distribution to the physicians throughout the state. It was the unanimous voice of the members that this society go on record as being opposed to any schedule of fees under the Workmen's Compensation law. The matter of blanks was discussed and a tentative one submitted by Commissioner Bryant was passed around for inspection. The society's committee of arrangements was authorized and directed procure and have present at the September meeting an attorney to give an interpretation of the compensation law and make clear any points difficult of comprehension.

Secretary Kice distributed among the members pamphlets in neat form and attractive appearance, containing the recently adopted new constitution and by-laws of this society.

Superintendent, Dr. Marcus A. Curry of the

State Hospital at Morris Plains, extended in behalf of his board of managers and himself an invitation to the members to hold the September annual meeting at the State Hospital. The invitation was accepted with expressions of appreciation from the members. Preliminary to the formal invitations going out, Superintendent Curry also extended an invitation to the members to be present at the dedicatory exercises of the new Psychiatric and Reception Building at the State Hospital, which will be held probably in the late summer, and at which it is hoped to have present some of the best psychiatrists in the country and other able and celebrated men.

The business session being over recess was taken for an inspection of the buildings and grounds of the sanatorium. President Leonard of the board of managers, Attending Physician Frank H. Pickney and Superintendent Miss Kathryn E. Dandley, proved to be most alert, affable and instructive in their ciceronian capacities and enabled a thorough inspection of much interest. The various wards, solariums, diet kitchens, outbuildings and points of interest on the grounds were visited and it was the consensus of the members and guests that the equipment, facilities and methods which obtain at Shongum are admirably designed and administered for their definite purpose in treating tubercular patients and that the institution stands as a monument of credit to its initiators and founders as well as to those who now manage and continue the good work so well established. After the inspection a buffet luncheon was served by Piper of Morristown, and was relished by the large gathering.

President Costello continued the program of the day, after luncheon, by thanking in behalf of the society the board of freeholders, the board of managers of the sanatorium and superintendent Miss Dandley for the hospitality so liberally bestowed.

President Leonard of the board of managers of the sanatorium was presented and in a nicely balanced speech welcomed the medical men of the society, the members of the Anti-Tuberculosis Society, friends and well wishers of the sanatorium; stating that he appreciated their interest in the Shongum Sanatorium as indicated by their presence; that his friend and predecessor, the late Dr. Henriquez and he often had agreed that the sanatorium should be brought more prominently to the attention of the county medical men and that they should hold meetings there; that Mr. Abell, director of the freeholders, heartily agreed with the idea and any plan that would bring the sanatorium more prominently before the physicians and public to elicit their interest in having the institution accomplish a fuller work; President Leonard stated that the sanatorium represented an investment of \$125,000 and covered approximately ninety acres that it is well equipped to care for patients and there are at present thirty-two under treatment, practically all of whom are advanced cases; that they have a budget of \$36,000 to maintain them for this year, plus several thousand for enlargements and improvements; that it costs \$23 a week per capita to care for the patients; that the regime of treatment and the surroundings are everything to be desired; with a superin-

endent and corps of nurses, a medical advisor who visits regularly and takes keen interest in the work; he thought they were not reaching out as they should to attract the many incipient cases throughout the county and appealed to the physicians to encourage those persons in their communities who are in need of treatment to come to the sanatorium and invited their co-operation in order that the sanatorium might the more fully accomplish its purpose.

Director Abell of the board of freeholders was introduced by President Leonard. Mr. Abell stated humorously that while he had married into the medical profession (Mrs. Abell being Dr. Elvira Dean) he did not think that qualified him to speak on medical topics; continuing Mr. Abell said it always had been a source of keen and bitter disappointment to find so little interest on the part of the tax-payers in what they own and maintain; that the freeholders and managers of the sanatorium were only the servants of the tax-payers; that the sanatorium is absolutely a public institution in every way and a cordial invitation stood for the taxpayers to come into it and take an interest in the work; that it is easy to criticise and condemn public officials and institutions; and he hoped and trusted that everybody would do all in their power to get people acquainted with the sanatorium and to come in and take an interest in the institution. Mr. Abell referred to the splendid work the county Anti-Tuberculosis Society is doing and the co-operation it is lending under the leadership of Mrs. Hoxie and Miss Headley. He stated that the sanatorium was no almshouse and that pay patients were welcome and for the benefit of the taxpayers he wished they had more pay patients; he thanked everyone for coming to the sanatorium and expressed the hope that it might be the means of bringing everybody closer together for the encouragement and betterment of the work.

The address of the day was delivered by Dr. James Alexander Miller, recently retired president of the National Tuberculosis Association and Chief Examiner of Dr. Trudeau's Sanatorium at Saranac Lake, and one of the best authorities in the East on tuberculosis. Dr. Miller's subject was "Some Problems in the Diagnosis and Treatment of Pulmonary Tuberculosis."

Dr. Miller said that the most striking thing about the Anti-Tuberculosis movement is the fact that in this country it has developed into a factor second to none in preventive medicine; that the greatest progress in the past generation has been in preventive medicine and the recognition of bacterial diseases; that the reason why America leads in this preventive field of medicine is that all over the country there are groups like this, establishing institutions and creating sentiment in the work of preventing diseases; the anti-tuberculosis movement began about twenty-five years ago when Dr. Trudeau established his sanatorium in the Adirondacks; that tuberculosis is preventive and curable; that there has been a tremendous revival in Anti-Tuberculosis work since the war and we now see the results of the quiet effort that has been going on in the country and all over the world. Dr. Miller showed charts indicating

the up and down movements in the results of anti-tuberculosis work, based upon experience in New York City, showing the greatest diminution of tuberculosis mortality in the years 1920 and 1921; one of the chief reasons for the cutting down of the tuberculosis death rate has gone down; this means that all that has been done by the medical profession has made for better and healthier living; that the anti-tuberculosis movement is part of the general movement to make people more healthy and longer lived; that there is better health through the prevention from infection from animal to man, chiefly the bovine infection; we have seen the milk supply cleaned up until now in the largest cities bovine tuberculosis of the bone and joints in children has almost disappeared; that in Chicago where they have had pasteurization longer than in New York, they practically do not have this disease; that the revolutionizing of the uses of outdoors is due directly to the anti-tuberculosis crusade; everybody uses the great outdoors, in contrast with Continental Europe where outdoors is very much to be avoided in the night; that the taking care of so many cases in institutions throughout the country, as is being done at Shongum, removed a possible source of infection from the home and that is another reason why the mortality from tuberculosis has been diminished; that we are now in the middle of 1922 and the diminution still is going on which was seen in 1920 and 1921. Dr. Miller also advanced the thought that the fact that we have less tuberculosis is due to a very considerable extent to national prohibition; the people who have tuberculosis now are earning better money and saving more and that the saving bank accounts are larger as an economic effect of prohibition which also contributes to the cause in the improvement of the standard of living; where we find the standard of living raised we get a definite diminution of disease; to decrease tuberculosis raise the standard of living not only from the economic but the hygienic point of view; we have reason to feel that it is within our power really to control tuberculosis and toward that great and wonderful achievement what is being done in the Shongum Sanatorium is contributing a very important share.

Dr. Miller said to the physicians that this whole Anti-Tuberculosis movement has been and should be under medical direction; that there is danger now that we have educated the laymen up to the point we have, that they may run away with the movement in their interest in it; if that happens it will be our own fault; the medical men have it in the hands to direct this anti-tuberculosis movement along scientific lines and that it never will be properly done unless it be scientifically done; that if we are to be true to our responsibilities we have to grow in our knowledge of the disease and in our attitude toward it; that physicians when they come to tuberculosis and other chronic diseases do not seem to be as much alive as some laymen; attention should be paid to early diagnosis; that the first thing he should like to impress is that tuberculosis is essentially a relapsing disease; it does not come on like other diseases; but goes on always, with periods of activity and periods of quiescence without

symptoms, inactive for many months or years.

The importance of early diagnosis was dwelt upon by Dr. Miller who said that unless you get the patients early they cannot get well; they will improve under treatment and get back to comparative easy normal life but will relapse; if you want to get them well you must get them early, otherwise they are not going to get back to normal life again; that the medical man who can recognize a rale is going to be the man who can recognize early tuberculosis; that a respiratory cough, after deep expiration, breathing lightly with the mouth a little open and cough will move the rale; that to diagnose one must be able to recognize a rale and know where to look for it.

Dr. Miller said that we physicians put ourselves too much into the hands of the radiologists; what right have we to send a patient to a photographic studio and then wait for a label to come back to us; we ought as physicians to be more familiar with the interpretation of x-ray plates and read them ourselves; have all the live evidence to put with the dead evidence on the plate and make a tally of what is there with the picture of the case. Dr. Miller said he was willing to have the radiologist tell him what was on the plate but that was all he wanted him to do; there are cases where we cannot make diagnosis and in cases of children the physician has to be the judge; and if we use the x-ray we should appreciate its usefulness and its limitations.

In the treatment of active tuberculosis Dr. Miller said that rest is absolutely fundamental; that without rest we cannot do anything; that all cases of fever should be kept in bed until the temperature is down; that neglect of this important principle has done more harm than any other thing; rest first, the other factors in the treatment next. Dr. Miller also spoke of the recent introduction of surgery in advanced stages of tuberculosis, mentioning the re-sectioning of the ribs, under a local anesthesia; that we are beginning to approach border line cases and the next era for the surgeons will be pulmonary tuberculosis.

In closing, Dr. Miller said that we have come to feel that we are out of the stage where we think tuberculosis is a rather uninteresting chronic disease; we are actually getting somewhere, making real strides in the cure of the disease; that we have not as yet a specific line of treatment but it is to be hoped that laboratories may produce something which will be a preventive vaccine to raise the resistance against tuberculosis; and he thought it to be distinctly on the cards, sooner or later, to have a specific, which we have not now, that will have a direct effect upon the disease; until we get that we shall have to use other means to guard against this great scourge of our modern civilization.

Dr. Miller broadly covered the problem of diagnosis and treatment in a masterful manner and elicited a spontaneous outburst of applause and received a rousing vote of thanks from his large audience of medical men and the other guests of the county officials and management of the Shongum Sanatorium.

The program which began at twelve o'clock

ended at four and the incidents of the day were memorable.

WARREN COUNTY.

F. P. McKinstry, M.D., Reporter.

A special meeting of the Warren County Medical Society was held at the Belvidere House, Belvidere, Thursday, May 18, at 10.3 with Dr. C. B. Smith, the president, in the chair. Seventeen physicians were present.

The object for calling the meeting was to decide the questions: 1. Is the establishment of a schedule of fees advisable? 2. If so what itemized schedule should be furnished? 3. If not, is it advisable that each physician be allowed to charge whatever in his judgment is fair and reasonable, and in case of dispute by the Bureau of Workmen's Compensation this matter to be referred to a board of three physicians appointed by the county society for adjudication.

Joseph Gunn, Executive Secretary of the Welfare Committee of the State Medical Society, was present and explained the reason these questions were before the various county societies. He also gave reasons for making a decision—for or against—on these questions. The discussion was general; every physician in attendance giving his opinion. After the discussion a vote was taken which resulted as follows: The decision was unanimously against establishing a schedule of fees. Questions two and three were not taken up as it was decided by vote to leave matters as they were.

Dr. Chas. M. Williams of Washington was reported as seriously ill and the secretary was directed to convey a message of the sympathy of the members to Dr. Williams and his family. Also that a bouquet of flowers be sent the doctor as a visible token of the sympathy of the society.

A motion was made, seconded and passed "That the Warren County Medical Society go on record as recommending the abolishment of the old State Medical Society Fee Bill."

Motion made and passed "That the society have a summer meeting and dinner, the place and time to be arranged by the president and secretary. This meeting is to include the ladies."

NEW JERSEY STATE PEDIATRIC SOCIETY

The 13th Annual Meeting was held in the Monmouth Hotel, Spring Lake, June 20, 1922, Dr. E. W. Murray of Newark presiding with 75 members present.

President Murray's address was on "Why Not Encourage Maternal Feeding." Other papers were a symposium on Pneumonia as follows: Pathology, by Dr. H. S. Martland of Martland of Newark; X-ray in, by Dr. C. F. Baker, Newark; Peculiarities of, in children, by Dr. J. F. Bell of Englewood. Also on Surgical Treatment of Empyema, by Dr. R. F. Harlow of Brooklyn, N. Y.

The following officers were elected for the ensuing year: President, Dr. E. W. Murray, Newark; Dr. F. W. Pinneo, Newark; treasurer, Dr. E. G. Hummel, Camden; secretary, Dr. M. R. Whitenack, Newark.

It was decided to hold another meeting in Newark in the fall.

The President's Address will be published in the August Journal, probably with other of the papers.—Editor.

THE JOURNAL

OF THE

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JULY, 1922

PUBLICATION COMMITTEE:

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New Brunswick.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.
Any member failing to receive the paper will confer favor by notifying the Publication Committee of the fact.

NOTE.—The transaction of business will be expedited, and prompt attention secured if,
All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR, New Brunswick.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE, Newark

BACK NUMBERS OF JOURNAL.

The Society having ordered the Secretary to dispose of the back numbers of our Journal—full files of which have been kept from the very first issue—it is necessary for any members desiring back numbers or full files of the Journal to notify me at once so that the issues desired may be taken out of the files and sent to those so desiring. The cost of making these selections must be borne by the members so desiring the issues.

William J. Chandler, Secretary.

A VACATION NEEDED.

There probably has not been a year when the doctor needed a vacation more than this year. Of all lives the life of the physician has ever been the most responsible, the most exacting and most self-denying and the self-denial has meant to many self-sacrifice, even to the yielding of life itself, and to most physicians a lowering of vitality and a lessening of ability to serve with their accustomed fidelity and efficiency.

We are pleased, therefore, to note the fact that an unusually large number of our members have been and are still enjoying vacation and several of them are extending their vacations in Europe. Most of them of longer duration than usual. We offer them our heartiest con-

gratulations, wishing each and all a return with greatly increased strength, and we also congratulate their patients on what that rest and increased vitality will mean to them.

THE ANNUAL MEETING.

The 156th Annual Meeting of our State Society was one of the most largely attended and best that has ever been held. The utmost harmony and good fellowship prevailed. Dr. Henry B. Costill made an excellent presiding officer, calling the meetings to order on time and expediting business. There were about 525 members present, including officers, permanent, annual and associate members. The addresses, orations and papers were of more than ordinary excellence and practical. Sixteen of the 22 Trustees were present (three others were enjoying vacations in Europe), and the Trustees' meetings were more than ordinarily helpful in the adoption of measures promotive of the future welfare of the Society and the profession generally, as the Official Transactions in the September Journal will show. One of the most important was in changing the name of the Trustees' Committee on Finance to the Committee on Finance and Budget that shall endeavor each year to ascertain the Society's financial needs for the ensuing year and the best methods to meet such needs. The second vice-president, Dr. MacAlister, was made ex-officio chairman, Dr. A. Marcy was elected for two years' term, and Dr. H. B. Costill for a three years' term. The trustees also recommended to the Society that the two standing committees on Program and Committee of Arrangements should be consolidated and that one member be elected for one year, one for two years and one for three years, with the recording secretary, ex-officio, and that the committee be authorized to add each year to its membership members residing in the locality where the annual meeting is to be held. This recommendation was adopted by the Society, and Dr. M. A. Reddan, who served so acceptably last year was appointed chairman. The trustees re-elected Dr. Bennett as chairman of the Publication Committee and Dr. English as Editor of the Journal with the same salaries as heretofore and necessary expenses.

The business of the Society was transacted with deliberation and yet with more than ordinary despatch and unanimity. Dr. Beling presented an excellent report from the Judicial Council with valuable recommendations, and Dr. Bennett a very encouraging report from the Publication Committee showing a net balance of over \$450 for the year ending January 1, 1922, with prospect of a larger gain for the year 1922. The most interesting report, however, was that of Dr. W. P. Eagleton of the Welfare Committee, showing remarkably effective work in its efforts to increase the profession's efficiency in serving the public's welfare. It called forth long continued applause ending with three cheers, showing that the Society greatly appreciated its members' and especially its chairman's unselfish and self-sacrificing labors. At the Thursday evening's session a costly gold watch and chain were presented to Dr. Eagleton by President Costill for which money had previously been hastily collected from about 200 members of the Society; Mrs. Eagleton was presented with a handsome basket of flowers. Dr. Eagleton's devotion to the Society in this welfare work can hardly be expressed in words. Treasurer Mercer declined reelection after thirty years of most faithful service and it was meet that it should be recognized by his unanimous election as third vice-president of the Society. The exhibitors of books, medicines, instruments, etc., made fine displays and they were much pleased with their reception. The banquet on Friday evening was greatly enjoyed as was the eloquent address of Ex-Gov. Stokes which followed it. Other business transacted will be given in the Official Transactions in the September Journal. We welcome Dr. James Hunter Jr. as our President for 1922-23.

The Editor greatly enjoyed the privilege of attending the meeting of the Monmouth County Medical Society, held June 28 at Camp Alfred Vail, near Long Branch. Col. Hemphill, the commandant, and Majors Griffis, Presnell and others of the medical staff, having invited the society to a banquet. Having arrived in advance of the hour of meeting, Major Griffis gave the editor a ride in his automobile through the extensive camp grounds now used as an

officers' training camp by the government, showing us the different building especially the large hospital, its ward and private rooms, accommodating 9 patients; its x-ray and sterilizing room etc. We have an account of the society meeting and also of the banquet and Col. D. A. Kraker's address following it. We enjoyed also the great favor of a ride home in the night in Col. Kraker's auto.

DR. EAGLETON'S THANKS.

To the Members of the Welfare Committee and my Friends in the Medical Society of New Jersey :

I have been informed that over two hundred members of the Medical Society contributed toward the very beautiful gift which was presented to me at Spring Lake on the evening of June 2. As I was quite unable to express myself at the time, I wish now to extend to you all, my heartfelt thanks and deep appreciation of this manifestation of your friendship.

Mrs. Eagleton was also greatly touched by your gracious act of including her in the testimonial, showing as it did an understanding of her active interest and co-operation in the Welfare Work of the profession.

Wells P. Eagleton.

THE RIGHT OF THE PHYSICIAN TO TREAT HIS PATIENT WITHOUT IGNORANT LAY INTERFERENCE.

(From the Illinois Medical Journal.)

On this question the medical profession must stand united. On this issue depend the future of medical practice. When laymen acquire the power to direct, visit and circumscribe the regiment of physicians in their medication of the sick, the doctor's usefulness ends and the sooner he realizes it the better for him.

Lay regulation of medical practice is well exemplified in the Harrison law, the Volstead act, the proposed Sheppard-Towner Maternity bill, and many other measures that have been attempted to be enacted into law in most of the state and in the national government. These are beautiful examples of lay attempt to regulate medicine. A proper protest against lay dictation in medicine was recently passed by the therapeutic society assembled in convention at Washington

. C., and was sent to President Harding and Congress. The protest was against further legislative interference with medical treatment; that attempts by paid propagandists with no medical training, to dictate to legitimate practitioners what agency they shall or shall not employ for the relief of their patients, was absurd and presumptuous and prejudicial to public interests. The aim of these propagandists is to replace competent medical responsibility with the incompetent irresponsibility of laymen. This is an insulting invasion of the professional prerogative and a gross injustice to the sick who are entitled to receive whatever drug in the judgment of their doctor may aid them to get well.

We insist that the best interest of the public demands that the medical profession be permitted to continue without sacrifice of domestic privacy, personal free choice, self-respect or self-reliance; without transferring control from medical scientists to political opportunities without overburdening the sick citizen with expense; without swamping the state with a deficit each year of one hundred million dollars as Compulsory Health Insurance will do. Without subordinating the agencies of healing to political domination under compulsory health insurance, state medicine or national socialization of medicine; and without clubbing them into subjection or innocuousness with a coercive medical practice act which invests an administrative department with punitive judicial power of suspension and revocation of license without corresponding judicial responsibility to any appellate court.

We should be better organized so that we may have a true consensus of our profession particularly, and which react adversely on the people generally.

THE TRAINING OF NURSES.

The Journal of Oklahoma State Medical Society, speaking editorially of the training of nurses holds that a three years' training as a routine requirement is unnecessary.

There is no good reason why an intelligent woman should be required to give three years of her time in order to master the fundamentals necessary to carry out the orders of the attending physician.

There is much sentiment of this kind

among members of the medical profession. This sentiment no doubt grows out of the fact of the shortage of nurses who are competent to perform the ordinary duties of caring for patients suffering from general diseases under the direct care of physicians, and on account of the high fees charged which are beyond the reach of a great number of patients. If arrangements could be made which would provide for a one or two years' course of training for intelligent young women and a three years' course for those who desire to prepare themselves for special work, after securing a high school course of preliminary preparation, the public would be much better served than now with a standard three years' course and a large portion of the sick without nurses.—Iowa State Journal.

WELFARE COMMITTEE MEETING.

This committee held an exceedingly busy and satisfactory meeting at the Essex Club, Newark, on June 28th. Most of the members and several representatives of county societies were present with Dr. Eagleton in the chair. Work was planned for the coming year and committees were appointed to suggest methods of procedure and carefully prepared legislative action that is needed which indicates that the coming year is to be one of active service and successful results.

ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY.

Work is progressing on the auditorium which the Academy of Medicine is now erecting in the rear of its present headquarters at 91 Lincoln Park, Newark, N. J. When completed the structure will seat approximately 750 people and will be used for lecture purposes. The structure, of brick construction, will connect with the main building by a large foyer eighteen feet wide and thirty feet long. The interior will comprise a stage and a fully equipped projection room for the displaying of motion pictures. Another feature of the interior construction will be a modern ventilating system housed in the roof of the building, which will permit a free passage of air at all times.

Some Definitions.

Christian Science is the theory that, since the sky rockets following a wallop in the eye are optical delusions, the wallop itself is a delusion and the eye another.

An osteopath is one who argues that all human ills are caused by the abnormal pressure of hard bone on soft tissue. The proof of his theory is to be found in the heads of those who accept it.

Psychotherapy is the theory that the patient will probably get well anyhow and is certainly a damned fool.—H. L. Mencken.

NEW AND REINSTATED MEMBERS OF THE MEDICAL SOCIETY OF NEW JERSEY.

Dues Received Since April 1, 1922.

Adler, Joseph, Bayonne.
 Albee, Fred H., Colonia.
 Ballinger, Reeve L., Arlington.
 Beggs, William F., Newark.
 Belott, F. Adolph, Newark.
 Block, Harry, Elizabeth.
 Brady, Thomas S., Bayonne.
 Briody, Henry E., Paterson.
 Briody, James F., Paterson.
 Carman, John H., Plainfield.
 Coe, Richard, Newark.
 Conty, Anthony J., Union.
 Craver, Lloyd F., Elizabeth.
 Crystell, Edward H., Nutley.
 Evans, James L., Woodcliffe.
 Gilpin, Friend B., Cranford.
 Goldberg, Burtis E., Arlington.
 Gordon, F. S., Elizabeth.
 Greenberg, Samuel, Elizabeth.
 Guilian, Robert A., Newark.
 Hermance, John H., East Orange.
 Higgins, G., Jersey City.
 Higgins, Thomas F., Elizabeth.
 Hudson, Woodburn J., Pleasantville.
 Lockwood, H. L., Jersey City.
 Maxson, Cullen B., Jersey City.
 Merten, Henry, Jersey City.
 Milligan, Robert F., Summit.
 Mount, Elmer, Jersey City.
 Nevin, John, Jersey City.
 Norval, William A., Paterson.
 Park, Henry, Paterson.
 Philhower, George B., Nutley.
 Pindar, David B., Hoboken.
 Schulman, Abraham S., Union.
 Schulte, Herbert A., Newark.
 Schultz, Frank R., Paterson.
 Shapiro, Nathaniel J., West Hoboken.
 Sisserson, William W., Westfield.
 Smith, Anna L., Montclair.
 Stanley, Percy D., Arlington.
 Szerlip, L., Newark.
 Tansey, William A., Newark.
 Townsend, Mary, Atlantic City.
 Upham, Charles E. H., Elizabeth.
 Weiss, Louis, Newark.
 Whalen, William J., Paterson.
 Worl, Edward E., Newark.
 Wyatt, Joseph, Newark.

Miscellaneous Items

Propaganda Department A. M. A.

The following pamphlets have been issued recently by the Propaganda Department of the American Medical Association.

The Nostrum and the Public Health.
 Epilepsy "Cures" and "Treatments."
 "Female Weakness Cures."
 "Obesity Cures."

The price of the first pamphlet is ten cents; of the other three fifteen cents each. They are valuable in giving the public the facts regarding the Nostrum Evil and Quackery.

General Practitioner Is Keystone of Preventive Medicine.—Preventive medicine has been eloquently preached during recent years, but nearly always as something in the abstract. But until the great force hitherto little used

in this direction namely, the general practitioner of medicine, is made use of, we will fail to make the progress that we ought to make with preventive medicine in the concrete for he of all others, is the individual who enters into close relationship with people.—Napier Burnett, Nation's Health.

Medical Impressions of America.—Dr. Schaeffer, in Schweizerische Med. Woch. Basle concludes a long review of different aspects of surgery in this country, as he studies them in the various medical centers: "Everywhere, wherever we look, we see American medicine and the medical sciences developing lustily. . . . New problems are constantly being solved in the most diverse specialist domains. Everywhere progress is being realized. In a Leipzig medical journal the doctor relates his experience in America in studying surgery of the brain last year with Cushin, Frazier, Dandy and others, and reviews 1 of their more important publications on their technic. He ascribes the great progress realized here in the last two decades, "mainly to the fact that both diagnosis and treatment were in the hands of the same neuro-surgeon. This and the incomparable mastery of general anesthesia have advanced the treatment of brain affections to such a point that, in their hands, operative intervention on the brain or spinal cord does not represent anymore of an operation than an exploratory laparotomy with us." Schaeffer is chief of the surgical clinic of the University of Zurich.

Country Doctor Has His Rewards.—The Massachusetts country doctor, it is estimated, takes in about \$2,000 a year. That is more than most of his clerical brethren earn. But it is little enough for a man fit to repair the delicate human engine. The real reward is in his profession, as with the rural ministry, lies in the respect he commands, and the chance to be regarded as the best friend and helper of a wide circle. Strong as the lure of a city practice is to many a physician, there are some who are fortunately content with the less conspicuous place in the sun of public recognition and professional acclaim that rural practice offers. It does not follow, however, that a doctor in a small place is obscure. Rochester, Minnesota, is not so big as Philadelphia, Boston or New York, yet a multitude in quest of healing has hit the trail to the shrine of eminent physicians there. William Dean Howells was fond of pointing out the excellence of the literature produced in quiet country places, and it is true of other forms of healing that not all of the ablest ministrants are metropolitan.—Philadelphia Public Ledger

The Physician's Family.

We cite the following from the California State Journal of Medicine:

The conscientious physician devotes his time and thought to one thing—his profession. He has little time to study investments and the accumulation of wealth, and too often pays, and pays heavily, for his enforced lack of business training. But more than that—his family pays. Accustomed to that standard of living demanded by his profession, they are poorly fitted to carry on in the event of his untimely death.

When a merchant, manufacturer, farmer or other person whose life has been devoted to personal interests dies he usually leaves that which has a realizable cash value—either ownership of a business or an interest in it. In either case an income is available for his family. But when the physician passes away, usually he leaves a few books and instruments, with perhaps some bills receivable and possibly a good-will that has little money value.

Death ends all, so far as the family's income from his profession is concerned; and frequently old age or earlier physical impairment, or mental exhaustion, ends his earning power and puts him and his family into a hard predicament.

There is no class by whom the help of life insurance is more urgently needed than by men of the medical profession. No other thing can take its place—no other investment can be made that will, even in a small measure, operate as a substitute for the earning capacity of the medical man after his passing.

Is your family amply protected? Or have you been lulled to a false sense of security? Arrange your family's welfare while you can. Any substantial life insurance company will advise you wisely.

Chiropractic in the Philippines.

From Philippine Islands Med. Ass'n Jour.

We understand that efforts are being made by a few interested and misguided persons to introduce, or have introduced, into the Philippine Legislature a bill for an act regulating chiropractic in the Islands. To take up this question before any bill is actually introduced might look like an over-anxious effort to "aplicar el parche antes de grano," as the Spaniards say: but, after all, it is quite in line with the principle of the most rational and scientific phase of preventive medicine.

We have no quarrel with anybody or with any set of men undertaking the treatment of the sick in the country so long as they show and prove themselves to be reasonably equipped to do so. We will quarrel, however, with those who claim to do so without possessing the proper qualifications. Judging from what chiropractic is in those places where it has succeeded in gaining a foothold, we doubt very much the adequacy of the mental equipment of the chiropractor, or that the practice may be followed in the Philippines, and we hear that there may already be some who are not materially different from the standard of their confreres across the ocean; so that, if any bill is submitted to the Legislature at all, it is quite reasonable to expect it to bear the same stamp of chiropractic beliefs and practices as it does in places where it is being sanctioned or tolerated at present.

Pseudo healers and quacks are not new in the Philippines; nor, indeed, anywhere in the world. It follows as a corollary that there must be many persons among us that believe in them; otherwise they could not thrive. But ours is a virgin country, and, though quackery has always existed, it has never enjoyed the sanction of law. It has never yet dared to secure such sanction, from what we hear. Chiropractors will no doubt resent being classed with charlatans and quacks—but that is our idea of those who, while possessing no education and deriding the fundamental sciences,

yet undertake to treat sick persons and make all kinds of claims to ability to cure them of their ailments. Chiropractic, like all other short cuts, is sure to attract men of doubtful mentality and morality and its effects will be felt by all who realize the tremendous problems of health, sanitation, and medical education that confront us.

In these days of scientific medicine and sanitation the legal recognition of any healing system that is not founded upon a sound general and medical education is tantamount to a reversion and is sure to lead to disastrous results.

NATIONAL BOARD OF MEDICAL EXAMINERS.

This Board has just completed the first five years' work and with it the trial period of its usefulness. The principle which this Board has stood for, namely, the establishment of a thorough test of fitness to practice medicine which might safely be accepted throughout this country and abroad, has been widely accepted. Since this Board was organized by Dr. W. L. Rodman, in 1915, eleven examinations have been held. These examinations have been conducted on the plan of holding at one sitting, a written, practical and clinical test for candidates with certain qualifications, namely a four-year high school course, two years of college work, including one year of Physics, Chemistry, and Biology, graduation from a Class A Medical School and one year's internship in an acceptable hospital. These examinations have covered all the subjects of the medical school curriculum and have been conducted by members of the Board with members of the profession resident in the place of examination appointed to help them. Such examinations have been held in Washington, Philadelphia, New York City, Boston, Chicago, St. Louis, Rochester (Minnesota) and Minneapolis. During the war a combined examination was held at Fort Oglethorpe and Fort Riley. There have been 325 candidates examined, of whom 269 have passed and been granted certificates.

Starting with the endorsement of the Council on Medical Education of the American Medical Association, American Medical College Association and various sectional medical societies, the recognition of the Army, Navy and Public Health Service Medical Corps of the United States and certain State Boards of Medical Examiners, the certificate is now recognized. Also by twenty States as follows: Alabama, Arizona, Colorado, Delaware, Florida, Georgia, Idaho, Iowa, Kentucky, Maryland, Minnesota, Nebraska, New Hampshire, New Jersey, North Carolina, North Dakota, Pennsylvania, Rhode Island, Vermont and Virginia, the Conjoint Board of England, the Triple Qualification Board of Scotland, the American College of Surgeons and the Mayo Foundation of the University of Minnesota.

There has been such a wide-spread demand for an opportunity to secure this certificate of examination, that the Board has now adopted and will put into effect at once, the following plan: Part I, to consist of a written examination in the six fundamental medical sciences: Anatomy, including histology and embryology; physiology, physiological chemistry, general

pathology, bacteriology, materia medica and pharmacology. Part II, to consist of a written examination in the four following subjects: Medicine, including pediatrics, neuropsychiatry, and therapeutics; surgery, including applied anatomy, surgical pathology and surgical specialties; obstetrics and gynecology; public health, including hygiene and medical jurisprudence. Part III, to consist of a practical examination in each of the following four subjects: Clinical medicine, including medical pathology, applied physiology, clinical chemistry, clinical microscopy and dermatology; clinical surgery, including applied anatomy, surgical pathology, operative surgery, and the surgical specialties of the diseases of the eye, ear, nose and throat; obstetrics and gynecology, public health, including sanitary bacteriology and the communicable diseases.

Parts I and II will be conducted as written examinations in Class A Medical Schools and Part III will be entirely practical and clinical. In order to facilitate the carrying out of Part III, subsidiary boards will be appointed in the following cities: Boston, New York, Philadelphia, Minneapolis, Iowa City, San Francisco, Denver, New Orleans, Baltimore, Galveston, Cleveland, St. Louis, Chicago, Washington, D. C., and Nashville, and these boards will function under the direction of the National Board. The fee of \$25 for the first part, \$25 for the second part and \$50 for the third part will be charged. In order to help the Board the Carnegie Foundation has appropriated \$100,000 over a period of five years.

At the annual meeting held June 13th of this year in Boston, the following officers were elected: M. W. Ireland, Surgeon General, president; J. S. Rodman, M.D., secretary-treasurer; E. S. Elwood, managing director. Mr. Elwood will personally visit all Class A schools during the college year to further explain the examination, etc., to those interested. Further information may be had from the secretary-treasurer, Medical Arts Building, Philadelphia.

Therapeutic Notes.

Balsam of Peru in Wounds.—A ten per cent. mixture of balsam of Peru with castor oil is an excellent dressing in many cuts and wounds. The balsam exerts an especially salutary effect upon granulating wounds, and promotes healing of the wound from the bottom.

Removal of Warts.—Ethyl chloride painlessly removes warts without leaving a scar, according to Dr. A. B. Cates (Med. Standard). It shuts off the nutrition of the wart by coagulating the blood in the vessels supplying it and the wart shrivels up and drops off. A pledget of sterile cotton is wet in cold water and drawn out in a tape long enough to protect the skin for half an inch or more beyond the margin of the wart. Then a fine stream of ethyl chloride is played over the wart until it is covered with frost—and not longer. Should the adjacent skin be frozen, another pledget of cotton is wrung out in cold water, and the frozen area is rubbed gently but vigorously with it. One or two applications at

intervals of a week will make most warts disappear; the same is true of moles and angiomas.

Transfusion of Blood in Pernicious Anemia.—Dr. H. F. Host in Norsk Magazin, Christiania, reports that the pernicious anemia seemed to be temporarily arrested in its course in several of the eleven cases described. Remissions were recorded on nine occasions while no effect in five others was apparent. The patients were all kept in bed at first, on a light diet, with an arsenic tonic. The blood picture improved more or less at once in all and the remissions induced in some have persisted in full force to date. When the donor had polycythemia, the blood did not display any efficacy in this line. Otherwise, the effect seemed to be proportional to the amount of blood transfused. One patient was kept alive for several months, eight transfusions having been made in the course of eleven months, a total of 5 l. of blood. One man of 62 was given five transfusions, 450, 450, 450, 900 and 200 c.c. in the course of the last three years, and he says he feels better than for many years.

Value of Honey as Food.—Starch and sugar, when eaten, undergo a digestive change before they are assimilated. In honey, this change has been made to a considerable extent by the bees. It is easy of assimilation, and concentrated, and furnishes the same element of nutrition as do sugar and starch, imparting warmth and energy. As a medicine, honey has great value and many uses. It is excellent in most lung and throat affections, and is often used with great benefit in place of cod liver oil. Children generally prefer it to butter. Honey is a laxative and a sedative; in diseases of the bladder and kidneys, it is an excellent remedy. As an external application it is irritating when clear, soothing when diluted. In many places it is much appreciated as a remedy for croup and colds. In preserving fruit, the formic acid it contains makes a better preservative than sugar syrup. Honey does not injure the teeth, as some sugars do.—George F. Butler, Am. J. of Clin. Med.

Hospitals; Sanatoriums

Bayonne Hospital.—A donation of \$5,000 to the endowment fund by the Misses Mahnken recently. Eight nurses were graduated from the hospital training school last month. Col. L. F. Donohue, M.D., president of the medical board, presented the diplomas.

Mountainside Hospital Training School.—Sixteen nurses graduated from this school on May 18, the largest number of graduates in the history of the school. Dr. W. H. Van Gieson, president of the hospital's medical staff, presented the diplomas.

Muhlenberg Hospital, Plainfield.—Seven nurses graduated from the training school last month.

Hackensack Hospital—Superintendent Mary Stone, R. N., reports the following records:

	April	May
Patients admitted	227	247
Patients discharged	248	256
Major operations	45	45
Minor operations	67	62
Deliveries	19	22
Deaths	19	11
Ambulance cases	50	32
Dispensary cases	74	109
Dispensary cases revisits	70	109
X-rays	162	184

Salem County Memorial Hospital.—The following is the report for the month of May: Admissions, 67; operations, major, 33; minor, 25; deaths, 0; births, 9; accident ward cases, 16; cases treated in clinics, 50; ambulance calls, 12. There has been established a dental clinic in connection with the hospital especially for school children who cannot afford to pay.

St. Elizabeth Hospital, Elizabeth. — This hospital is to receive one half the residue of the estate of Mary A. Reilly of Elizabeth. It will also receive \$2,500 from the estate of Patrick J. McGuire, late of Plainfield, after the death of his widow. Eight nurses graduated from the Training School of that hospital on June 15th.

St. Mary's Hospital, Passaic.—A campaign was carried on last month to raise \$300,000 for an addition to this hospital.

Muhlenberg Hospital Training School, Plainfield.—Eight nurses graduated from the school on June 15th.

St. Mary's Hospital Training School, Orange.—Eight nurses graduated from this school last month. Dr. C. W. Banks, East Orange, presided at the exercises. Dr. M. J. Synnott delivered an address.

Definite Minimum Fee Excludes Some Patients.—The man who charges a definite minimum fee for his services automatically excludes a class who are in need of his services. He excludes a class who judge of the value of service by the price paid.—P. J. Flagg, Hosp. Prog.

Bonnie Burn Sanatorium. Superintendent John E. Runnells, M. D., reported that on May 1st there were 254 patients in the Sanatorium, 148 males and 106 females. During the month 26 patients have been admitted, 12 males and 14 females. Seven of these admissions went to the Preventorium. Among these admissions there were four readmissions. The admissions are classified as follows: Pretubercular, 6; incipient, 2; moderately advanced, 4; far advanced, 14. The largest number of patients present at any time during the month was 261, smallest number 253. Present May 31, 1922, 261. This included 86 children in the Preventorium. The daily average for the month was 257.1.

Marriages.

BARISHAW-HARRIS.—In Newark, N. J., April 6, 1922, Dr. Samuel B. Barishaw of Jersey City, to Miss Mildred A. Harris of Newark.

GOLDBERG-ANDERSON. — At Arlington, N. J., on June 29, 1922, Dr. Burtis E. Goldberg, son of Dr. Eugene H. Goldberg, to Miss Helen Cleave Anderson, both of Arlington.

MORRIS-COMPTON.—At Plainfield, N. J., June 6, 1922, Dr. Thomas H. Morris, to Miss Ruth Compton, both of Plainfield.

Deaths.

FRACE.—At the Fairmount Sanatorium, Jersey City, May 25, 1922, Dr. Peter Wilson Frace, of Hoboken, N. J., from pneumonia following appendectomy, aged 61 years. He graduated from the Univ. of Penn. Medical School in 1894. He practiced medicine in Hoboken twenty years.

VAN HORN.—At Englewood, N. J., May 20, 1922, Dr. Byron Garrett Van Horne, aged 64 years. He graduated from the Univ. of Penn. Medical School of Medicine in 1896.

Personal Notes.

Dr. Wells G. Eagleton, Newark, has recently issued a 64-page reprint from the Amer. Otological Society Transactions, on the "Treatment of Suppurative Meningitis."

Dr. J. Faulkingham, New Brunswick, attended the commencement exercises of Colby College, Maine, last month.

Dr. Charles D. Bennett, Newark, and family, are touring the Adirondacks with headquarters at Bartlett Inn, Upper Saranac Lake during July.

Dr. John F. Hagerty, Newark, and wife have gone to Europe and will return about September 1st.

Dr. Edward J. Ill, Newark, has sailed for Europe and will return in August.

Dr. Fletcher F. Carmen, Montclair, and family are at their summer home at Green Pond and will return home about Sept. 1st.

Dr. G. A. Van Wagenan, Newark, has returned from St. Petersburg, Fla., and is spending the summer at Lake Hopatcong.

Dr. Roger W. Moister, Summit, and wife have gone to New London for several weeks.

Dr. George L. Orton, Rahway, was recently called to Burlington, Vt., by the severe illness of his mother.

Dr. Norton L. Wilson, Elizabeth, attended the Rotary Special convention at Los Angeles, Cal., last month and with his family subsequently made an enjoyable trip through the Canadian Rockies.

Dr. William H. Lawrence, Summit, and wife will spend July and August at Cedar Lake.

Dr. George H. Lathrope, Morristown, has returned from Saranac, N. Y.

Dr. William J. Summers, Boonton, has moved into his new house at Cornelia and Birch streets.

Dr. Thomas H. Flynn, Somerville, and wife spent a week last month at Annapolis, Md., where their son graduated from the U. S. Naval Academy.

Dr. George E. Gallaway, Rahway, and wife, took a ten days' motoring trip last month to Niagara Falls, Thousand Islands and points in Canada.

Dr. Harriet K. Burnet, East Orange, and daughter, have gone to their summer home at Bailey Island, Maine, for the summer months.

Dr. J. Wellington Crane, Trenton, resident physician of the N. J. State Prison, recently underwent an operation for serious stomach disease.

Dr. John S. Young, Rahway, and family recently returned from Florida where they spent several weeks.

Dr. Frank C. Bunn, Orange, recently returned from a three weeks' trip to Maine.

Dr. E. Irving Ives, Little Falls, and wife are enjoying a ten days' automobile trip through the White Mountains.

Dr. Charles S. McGivern, Atlantic City, addressed the local Rotary Club recently. He declared that about 85 per cent. of blindness is preventable.

Dr. Warren H. Young, Little Falls, and wife are spending the summer at Mason's Island, Conn.

MEDICAL EXAMINING BOARDS' REPORTS

	Exam.	Passed.	Failed.
Arizona, January....	3	3	0
Connecticut, March	21	17	4
Minnesota, Jan.	41	40	1
Oklahoma, Jan. ...	4	4	0
Oregon, Jan.	19	13	6
Pennsylvania, Jan...	61	56	5
West Virginia, Jan..	12	5	7

Public Health Items.

Newark Health Report.—The report for April shows: 465 deaths or a death rate of 13 per 1,000 of population. Principal causes of death: Tuberculosis, 46; cancer, 29; organic heart disease, 51; pneumonia, 56; Bright's disease and nephritis, 38; congenital debility and malformation, 38. There were reported the following cases: gonorrhea, 48; syphilis, 28; chancroid, 3. There were 5,322 treated at the clinics and 123 sent to hospitals. There were 864 births reported.

Newark Health Report for May.—During May, 1922, there were 400 deaths. The death rate was 11.2 per 1,000 population. The principal causes for death were: diphtheria, 8; tuberculosis, 41; cancer, 29; apoplexy, 20; organic heart disease, 49; pneumonia, 38; Bright's disease, 27. There were reported cases: 61 cases gonorrhea; syphilis, 72; chancroid, 1. There were 886 births reported.

Medical Profession to Lead in Health Movements.—Man is too immoral or too careless,

indifferent and selfish to permit a millennium of health to occur. Therefore, it behooves us as members of the medical profession to take the part of leadership in local, district and state health movements. Let us medicinize the social movement. That will help it forward and will place the medical profession in a position to rationally direct the health crusade.—F. Billings, Nation's Health.

Suicides.—Among the professions physicians head the list of suicides: 86 doctors, 57 judges, 37 bank presidents, 21 clergymen, 10 editors, 7 mayors and 7 members of legislatures took their own lives in this country in 1921. This record seems to indicate that occupational strain is greater in medicine than in other occupations.—Boston M. & S. Jour.

State Control of Mosquito Extermination.—The Department of Conservation and Development has recommended that the work of mosquito extermination in New Jersey should be taken over by the state and prosecuted upon a five-year program marks a new stage in the evolutionary progress of this movement. At present, the state government contributes little more than advice and supervision of its experts towards the crusade for the elimination of the mosquito. The eleven counties actively engaged in the work do most of the actual effort. They spent altogether last year the sum of \$273,948, while the sum of the state's contributions was \$16,500. The department is concerned chiefly over the slow progress of the work of destroying the salt marsh breeding areas. It deprecates a situation which makes it appear that by the present system of county operation fifteen years will be required to get the marshes under control.

How Doctors Die.—Of 2,272 physicians dying in the United States and Canada during 1920 whose ages were stated thirty-seven were under thirty, 174 between thirty-one and forty, 351 between forty-one and fifty, 463 between fifty-one and sixty, 541 between sixty-one and seventy, 436 between seventy-one and eighty, 208 between eighty-one and ninety and nineteen between ninety-one and 100. The greatest number of deaths for a given age occurred at sixty-three and sixty-four years, at each of which ages sixty-five deaths were noted. General diseases accounted for 257 deaths; diseases of the nervous system, 271; diseases of the circulatory system, 404; diseases of the respiratory system, 266; diseases of the digestive system, 70; diseases of the genito-urinary system, 154; senility, 77; suicide, 32; accidents, 102; homicide, 14, and sequels of surgical operations, 74. The principal assigned causes of death from diseases and their frequency were: Organic heart disease, 236; cerebral hemorrhage, 211; pneumonia, 186; nephritis and uraemia, 142; malignant tumors, 91; tuberculosis, 59; angina pectoris, 50; pneumonia-influenza, 37; arterio-sclerosis, 33; myocarditis, 34; septicaemia, 33; influenza, 29; diabetes, 28; meningitis, 17; cirrhosis of the liver and acute dilation of the heart, each 16; endocarditis and anemia, each 15; peritonitis, 12, and appendicitis and gastritis, each 11.—Newark Evening News.

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DIAGNOSTIC SURVEYS BY DIAGNOSTIC COMMISSIONS FOR ASYLUM POPULATIONS.

By **Charles A. L. Reed, M.D.,**
Cincinnati, Ohio.

The relation of focal infections to the cause, pathology and rational treatment of so-called epileptics and the equally so-called insane, is of increasing interest if not imperative importance. Thus, during the last eleven years, I have found focal infection present in all of more than one thousand consecutive cases of "epilepsy," otherwise more properly called chronic convulsive toxemia. Thus, again, during the last four years, at the New Jersey State Hospital, Dr. Henry A. Cotton has found focal infections constantly called chronic psychotic toxemia. A distinguished neurologist, Dr. Herman H. Hoppe, has just reported to me a case in which he had clinically demonstrated that a focus of infection in the frontal sinus had been the cause of a confusional insanity. In the practice of the same distinguished neurologist, some six or eight years ago, infection of the colon was similarly demonstrated to have been the cause of a simple melancholia that had kept a useful lawyer incarcerated in a sanatorium for three years and that cleared up in three weeks after underlying condition had been surgically corrected by an operation at my own hands. An eminent internist, Professor Martin H. Fischer, but recently had a case of acute maniacal disturbance to clear up following the removal of painless apical abscess involving but a single tooth. Multitudes of similar instances could be recounted from these and other equally reliable sources. Those here given are cited only to illustrate the rapidly

broadening experience of the general profession in all parts of the country. In other words, as indicated not only by these instances but by a rapidly growing literature, the etiologic role of focal infections is being very generally recognized and acted upon—everywhere except among the classes in which they are productive of the most tragic results. I allude to the epileptics and insane now incarcerated in the asylums of the country—the word asylum being used to designate a purely custodial institution as distinguished from a hospital which is a curative institution. I desire also to make clear that very generally, the responsibility for this condition in the asylums is due to the "system" and not to the indifference or incapacity of their medical officers.

Fundamental Facts and Their Significance.

The experiences of Dr. Cotton among the "insane" and of myself among "epileptics" are parallel in several important particulars. Thus, (1) all cases—all!—as determined by physical and x-ray examinations, have splanchnoptosis; (2) all cases—all!—, that have been subjected to surgical exploration, have had focal infection of the intestinal tract associated with visceral displacements and bacterial involvement of the mesenteric and mesocolic lymphatics; (3) other foci occur in order of frequency, in the teeth, tonsils and accessory sinuses; (4) still other foci occur occasionally in the genito-urinary organs of both sexes and in other organs and structures. The constant occurrence of intestinal infections in these cases is explained by the fact that they may occur independently of any other focalized infection; that they always exist in presence of foci in the teeth, tonsils and sinuses; and that they often persist after all oth-

er foci in teeth, tonsils, sinuses and elsewhere, are eliminated. The observations of Dr. Cotton and myself further agree in the particular that, as shown by histories given, these foci, or some of them, wherever located, are antecedent to the convulsive, psychotic or other toxic phenomena. The relationship of cause and effect is therefore logically inferred. The demands of the law of cause and effect are, however, further satisfied by the fact that, in many of these cases, the removal of the cause has resulted in the subsidence of the effect—or, in other words, in the cure of the patients. These observed and amply substantiated facts relate to the welfare of hundreds of thousands of “epileptics” and “insane” in asylums; to the welfare of as many more who ought to have active treatment; to the happiness of their millions of relatives and friends; to the many millions of dollars loss, economic and direct, incurred by the state. The possible significance of the great underlying truth is, therefore, so profound that the problem, viewed from this angle alone, ought to be neither ignored or deferred by either the profession or the public.

The etiologic and pathologic findings just recorded, while amply confirmed by incidental cases at the hands of various practitioners, by at least one large institution and, in a more or less desultory way, by various other institutions, yet rest essentially upon my own experience of eleven years confirmed by that of Dr. Cotton covering the last four years. To both Dr. Cotton and myself our experiences, severally or jointly considered, are conclusive. There are many members of the profession who maintain our views. There are, however, others, especially those who were taught the older doctrines, who are honestly incredulous. There are still others who, without considering the facts for a moment, turn from them and their deep significance with resentment if not actual hostility. I consider it unfortunate that some of this latter class are in charge of institutions that control the welfare and destinies of many thousand patients of the type under consideration. But in view of the fact that they do occupy such positions and in view of the great human interests at stake, I urge that it is of the highest importance that the fundamental scientific facts of caus-

ation and pathology should at once be put to the most crucial test. This is the basis for such a test. If I have found focal infections with associated definite pathology in one thousand consecutive cases of “epilepsy” and if Dr. Cotton has found similar conditions in a similar or larger consecutive number of certain types of “insanity,” logically the same findings must be possible in any other thousand consecutive cases of “epilepsy” or in any other thousand or more consecutive cases of similar types of “insanity.” This fact points not only to the practicability but to the importance of independent, thorough and comprehensive diagnostic surveys of asylum populations. Such surveys along the lines of focal infections, even if confined to a few institutions would tend either still further to confirm or to disprove the findings and conclusions of Dr. Cotton and myself. But, while asking for the most rigid determination of facts, this suggestion is not offered in a spirit of banter or controversy but solely in one of constructive co-operation with progressive medical officers of these institutions. The sole objective should be to determine the incidence of focal infections among “epileptics” and the “insane.” How many have infected and poison-producing teeth or jaws? How many have similarly diseased tonsils? How many have suppurating sinuses? How many have displaced and consequently infected intestines? How many have foci of infection in other organs or structures? How many have actually infected blood streams? To what extent have there developed secondary foci in other organs and structures.

Diagnostic Commissions.

Diagnosis in asylums now are made by the staffs of the respective institutions. They may be classified as neurologic or psychiatric or neuro-psychiatric, or psycho-analytic. Only rarely if at all do they embrace a careful appraisal of active physical conditions but are confined chiefly to enumeration and appraisal of phenomena connected with what are called the mind and nervous system. What is here insisted upon is that, in every case, there shall be a highly specialized diagnosis of every possible physical and clinical feature, all determinations to be made by the most modern scientific methods. Among modern scientific methods of diagnosis

none has been more definitely evolved than the group study of cases. The newer knowledge with respect to focal infections, with its revolutionizing influence on all medical science, more than any other one thing, has forced the development of group practice. In no branch of scientific practice, diagnostic or therapeutic, is group co-operation so imperatively demanded and so thoroughly impossible as in the existing generally prevalent system of asylum treatment of "epileptics" and the "insane." The whole situation would seem, therefore, to call for the appointment of a group made up of certain specialists to act for the present as a commission to conduct a diagnostic survey of an institution or institutions under the control of the state. It ought first to be provided with ample physical facilities—a general analytic laboratory, a bacteriological laboratory, an x-ray laboratory. The personnel of such a commission ought efficiently to cover the departments of analytic chemistry, including haematology, bacteriology, rentgenology, dentistry, laryngology, ophthalmology, with an abdominal surgeon and an internist to conduct the general physical examinations and to interpret and correlate the finding of the technical specialties. Of course, as neurologists comprise the staff of the institution, a neurologist would not be on the commission, the very object of which would be constructively to check up the neurological diagnosis already made. Then, too, as all medical officers of the institutions must either favor or oppose the whole diagnostic movement they deserve to be spared from the equivocal position of determining facts that relate to their preconceptions, practices or possible personal interests. The functions of such a commission would be purely diagnostic and its tenure would end with the completion of the diagnostic survey.

Clinical Values and Diagnostic Interpretations.

One motive for the appointment of independent diagnostic commissions is to secure for the patients not only of the highest technical skill available but examinations by methods calculated to reveal rather than to conceal the truth as to their exact condition. Thus, for instance, I have had cases referred to me with the statement that there was nothing the matter with the tonsils when a

little pressure with a laryngeal mirror would squeeze pus from one or more crypts; others have come with the assurance that the x-rays revealed normal teeth when a properly secured film showed apical abscesses at from one to a dozen different teeth; others in which the abdominal viscera, x-rayed with the patient always prone, was reported normal when one picture taken with the patient erect at the time the barium was ingested; another, taken six hours later, with the patient prone; and another taken after twenty-four hours with the patient erect, demonstrated extreme gastro-coloptosis with fecal stasis due to ileal bands and to retardative angulations. These conditions always imply to the observer familiar with living pathology of the abdominal viscera, certain other definite invariable conditions, namely, infection of the intestinal follicles, infection with enlargement of the lymphatics and venous stasis of the mesenteric circulation. These instances are cited to show the importance of first, an adequate diagnostic equipment; second a correct diagnostic technique in determining the underlying physical facts; third, a proper appraisal of their clinical values when, fourth, they are interpreted by persons practically familiar with the living conditions to which they relate. The appointment of diagnostic commissions would, furthermore, insure the actual use of adequate equipments which, it is known, have been generously furnished to more than one institution but in which no general diagnostic surveys such as here outlined, have ever been so much as attempted.

The Economic Phase.

It seems almost a disgrace that where humanity, where life and health or what is more precious than either, sanity, are concerned it should be necessary to quibble about the chips and whetstones of cost and profit. In the last analysis, however, money becomes the measure of values and it is therefore necessary to take it into account in connection with the proposal for diagnostic commissions. Of course the members of each commission must be paid and to secure the proper service, they ought to be reasonably well paid. But the medical profession has always been ready to make sacrifices for the public good and would probably do so in the present instance. This being true probably from \$10,000

to \$12,000 would secure the services of a corps of experts for a period of from six weeks to two months to make a diagnostic survey of an institution of approximately fifteen hundred inmates. Laboratory and x-ray equipments will cost about \$25,000 or a little over \$6.00 per capita. On this basis, at the New Jersey State Hospital, an institution of 800 admissions annually, the resulting savings on maintenance of patients alone has been estimated at \$90,000 per year. A conservative estimate, based upon the findings of the National Committee for Mental Hygiene as to the number of insane in asylums, indicates that in such institutions and in alms houses and reformatories, there are more than 335,000—a third of a million—insane in the United States who are receiving public aid. Add to this 14,937 epileptics and 40,519 "defectives" in institutions a year ago, and add to all the increase in each class for the year and it will be seen that the public is today supporting in excess of 400,000 persons in what, with but a few honorable exceptions, are purely custodial institutions. These figures, on the basis of savings at the New Jersey institution, show possible savings for the entire country of \$18,000,000. And this is on maintenance alone, no account being taken of the economic value of productive energy restored to the community by recoveries. Of course, while considering economics it would be sentimental if not silly to allude to the restored happiness of thousands of now bastiles inmates and to the joy of their millions of relatives and friends.

An Appeal.

This article is written as an appeal to the general medical profession for co-operation in securing the diagnostic survey of asylum populations. There is probably no one subject that appeals in a practical and humanitarian way to so large a number of general practitioners as does the care of epileptics, the insane and associated classes. The figures already given show that on the average there are about three of these cases to every general practitioner in the United States. They occur about equally in every section, in every neighborhood. The institutions are crowded and their medical officers, many of them of the most progressive type, are appealing for such change in the "system" that they can do something actually curative for their

cases. In the circumstances each member of the medical profession is asked to use his or her influence with asylum directors, state charity commissions, legislatures, and governors, to secure the equipment and personnel necessary to give these unfortunate classes the benefit of the latest and best development of science in determining the fundamental facts of their illness.

COMMUNITY HEALTH SERVICE.

By John Nevin, M.D.,
Jersey City, N. J.

In this paper it is my intention to consider community health service as distinguished from federal or state agencies. Our experience with both of these has been somewhat disappointing, largely I think because of a parsimonious attitude in the matter of compensation for medical men, which of course precludes adequate service. My judgment is in favor of local rather than general activities because each locality has problems peculiar to itself, and for the further reason that citizens in each locality might be induced to become interested and co-operate in an intelligent manner. As it is, a great many people have come to a realization that public health is a public responsibility and that the prevention and eradication of disease is a vital problem; in other words, that many of the ills that can be cured can also be prevented.

Because of the many activities essential for the preservation and control of the health of a community there must be a central supervision so that the work may be standardized, and that there will be no lost motion because of duplication of effort. Without fear of being accused of political or personal advertising, I will say that the system we have adopted in Jersey City would seem to be ideal and a step forward in public health work. It is unique in that there is no similar system in this country that I know of.

A Medical Department was organized under the Department of Public Affairs with the Mayor as Chief Executive. The position of Medical Director was created with full supervision over all medical activities. The Jersey City Hospital was selected as a civic health centre, from

*Read before the Practitioners' Club, February 14, 1922.

which radiate all of the different units. The work of these units has been so systematized and correlated that there is complete functioning without friction under one responsible head. Daily, weekly, and monthly reports are submitted to the central office of the work of each unit, resulting in greater efficiency and compelling a continuity of effort on the part of the employees of each unit.

In the Jersey City Hospital, departments have been thoroughly organized as follows:

General Medicine; General Surgery; Obstetrics, with pre-natal and post-natal clinics; Gynecology; Orthopedics; Eye, Ear, Nose and Throat; Urology, genito-urinary, including Venereal Diseases; Psychiatry; Diseases of Children; Laboratories, bacteriological and pathological, including necropsies; X-ray; Dental Hygiene; Diseases of Skin; Cancer! Phthisio-therapy; Dietetics; Out Patient; Training School for Nurses; and a comprehensive Social Service Bureau.

Extraneous to the hospital proper, supervision is exercised over the hospital for contagious diseases; the two units of the Board of Health, medical and sanitary; the Child Hygiene Division, consisting of the Mothers' Institute and and ten Welfare Stations distributed over different sections of the city; public health and school nurses. Medical activities in all other department, such as Police and Fire Departments, also come under the same general supervision. There is not only intra-departmental functioning in the hospital proper, but the hospital facilities are utilized in the work of the other units. The medical section of the Board of Health controls communicable diseases through medical inspection and public health nurses, and the sanitary section, besides investigation of sanitary conditions, plumbing, etc., carries on a close inspection of food supplies, particularly the handling of milk, not only at the points of distribution in Jersey City but at the sources of supply, such as dairies, creameries, etc. I doubt if any other city has better protection along these lines than we have right here.

The health centre must have for its object the giving to the citizens generally of the information they require with reference to the agency he especially needs. It should be an educational

centre, and it must prevent duplication of effort. It should have the effect of making health officials better officials because of possible criticism in case of dereliction, and, conversely, make the doctor a better doctor for similar reasons, and there should be no conflict because of this.

The forces operating to make such a system as I have outlined a success, are (1) legally constituted authority; (2) the private physician; (3) Board of Health, medical and sanitary; (4) medical inspection of school children; (5) hospitals and clinics; (6) Social Service, more particularly a follow-up system.

The profession must meet the demands of changed social and economic conditions. They must realize that the public expects more along the line of diagnostic methods. It is not unusual to hear the ordinary lay person discuss blood pressure, urinalysis, x-ray, etc. The practice of medicine has changed. It is no longer possible to make hurried visits and superficial physical examinations and to treat symptoms with frequent change of diagnosis without criticism. If such methods are followed it must be expected that patients will look elsewhere for advice, and the natural tendency will be towards hospitals and clinics where it is known that facilities exist for diagnostic purposes.

The physician must realize that this is the age of preventive medicine, and that to carry out this idea successfully the sick person must be treated as a unit in community health, that the health of the community is far and away above the rights of the individual. In the past the physician has resented interference by official action. Even now the profession is influenced to some extent by the general feeling of unrest. This expresses itself at times in criticism of and antagonism to almost every form of public health activity. It is not only individual but representative medical societies have actually opposed plans that have in view the preservation of the public health. It may be that in some sections there is some justification for this opposition. Personally, I think this may be due to the assumption of police powers by health officials. When injudiciously exercised the reason for antagonism is apparent. Police regulation is always obnoxious if the impression is created

that individual rights are being interfered with.

It must be understood that most of the public health activities are the result of a well-defined public opinion, in fact that all law is based on what most of the people desire, that there is a demand on the part of the people for public health agencies. The demand for community health service may be due in part to the tendency towards specialism. It must be admitted that the pendulum has swung rather far in this direction. Specialists are now made over night. Most of us, I think, have a well-defined idea that the best specialist is the one who has had a thorough grounding in general medicine. It is not unusual these days to find an interne who has just finished his hospital service branch out as a full-fledged specialist. Unless in exceptional cases he is not a specialist—he is a menace. I believe I can anticipate the return to his own of the general practitioner who will have at his disposal the hospital and laboratory facilities necessary for diagnostic purposes. In my judgment there is a distinct field for this class of medical practice, and the private physician must come to a realization that his function is not solely to treat diseased conditions but to assist in every way possible to prevent them. It is well for him to remember also that the justification for child hygiene, pre-natal and post-natal, psychiatric, dental and nutritional clinics, is that every life has an economic value to a community.

One of the reasons for antagonism in the past, as it always will be if permitted to continue, has been the treatment in hospitals and clinics of those who are supposedly able to pay for medical services. There is no question as to the justification for this criticism. This obtains in every community where institutional or public aid is offered. Most medical men do not realize how difficult it is to draw the line in these cases. We are obliged to contend with deceit and misrepresentation. To offset this in our work in Jersey City we have inaugurated a social service bureau that is functioning very successfully in eliminating those who are not entitled to the privileges of our system, and without such a bureau the condition would seem hopeless. In the last three months of the past year, 338 tonsil and adenoid cases were examined and about 7% were

refused. 166 women attended the pre-natal clinic; over 8% of these were referred to their own physician. A social worker attends the clinics, and if any doubt exists as to the ability to pay an investigation is made, so that it must be appreciated that we are now using every effort to protect the interests of the profession generally along these lines.

In connection with the Social Service Bureau, I wish to say that the work done is invaluable in that it covers almost every feature of hospital work. For instance, when a case of venereal disease is admitted we do not consider our duty finished—an effort is made to discover the source of infection. If this information is advanced it is insisted that that person be placed under proper medical care. Drug addicts, when discharged, are kept under observation. As a matter of fact, the work of the Social Service Bureau along this line has effectually succeeded in breaking up a number of gangs of drug addicts in different parts of the city. Other cases discharged from the hospital are followed up and instructed along hygienic lines and to assist in proper convalescence.

We realize that we cannot hope for success in community health if we do not have the active co-operation of the profession as a whole, more particularly the general practitioner. It is not our idea to antagonize the medical men but rather to seek their help and advice. We are pleased to know that the profession generally recognizes that the medical department with all its facilities is for the purpose of facilitating their work, that we welcome their co-operation, and that we consider it a privilege to assist them in every way possible. As a matter of fact, my conception of a civic health centre is a central point through which the community, including physicians, can command all health promoting agencies in the interest of public health.

Cancer in 1920.—Official figures show that nearly 73,000 deaths were due to cancer in the death registration area of the United States in 1920, and if the rest of the country had the same proportion of deaths, the total number for 1920 would be 89,000 or 5,000 more than the estimated deaths during the previous year.

**THE COMMON EVERYDAY PRACTITIONER
SHOULD ASSERT HIS RIGHTS OR HE
WILL AWAKEN SOME MORNING
AND FIND HE HAS NONE.**

WHY NOT ENCOURAGE MATERNAL FEEDING?*

By Eugene W. Murray, M.D.,
Newark, N. J.

It seems to be the trend of the times to simplify infant feeding to make it easier for the doctor to write a formula for a given child. Many writers have spent much time in trying to figure out the caloric requirements of the average infant and then knowing the number of calories in different kinds of foods to adjust a diet to these requirements hoping that they may succeed. Others have devised elaborate decimal systems whereby they hope to solve all problems. Still another has devised a method of measurements taking the sitting height as a basis for his calculations.

We all realize that good mother's milk is the best food for the infant, so why not start with the mother, or, as it has been said, with the grandmother, and teach her at the earliest possible moment the responsibilities of motherhood. Point out what she must do and what is expected of her, in fact, put her through a course of training, a course which should begin in her childhood. Let her understand that with motherhood comes responsibility, and that she alone is held responsible for the feeding, care and management of her offspring. Remind her that we are all creatures of habit and "as the twig is bent the tree inclines." And in turn every member of the household should make life for her comfortable and happy, anticipate her every want and not let her worry about a single thing. See to it that her environment is the best possible, and that she has plenty of good, wholesome food to eat, a comfortable bed in which to sleep and that she rests at regular intervals during the day and at night she is relieved of all care of the baby except to nurse it at stated intervals. Did you ever stop to think of the farmer who is dependent on his dairy for a livelihood? He takes much better care of his cows than he does of his wife. His cows are fed, watered, groomed, bathed and milked with great care and regularity, their rations are balanced and planned so that they will produce the greatest quantity of milk of the best quality. In many in-

stances no one is allowed in the stable during the milking time except employees who are taught to speak in a low tone so as not to excite the cows, every precaution being taken so that he will be able to get the best results.

Now what happens to the average nursing mother? First of all she has the whole responsibility of the household beside the care of the baby. If dad wants a collar button he calls on her for it. If Johnny bumps his head or loses a marble he calls on mother; if Susie breaks her doll she runs to mother and has a good cry. And when meal time comes they all call on her. Again and again from the time she gets up in the morning until she retires at night there is a constant nag, nag, nag and yet she is expected to produce good milk for her baby. Is there any wonder she fails so often? Why not consider her for what **she** is worth? Is not her value equal to that of a cow? Is not the milk she produces the best food obtainable for her baby?

Looking at the proposition from an economic standpoint, would it not be a good investment to give the nursing mother as good a chance as the cow is given?

When a cow is fresh or soon after she gives the greatest quantity of milk, she is then tested as to her ability to produce milk. She is milked every four to six hours and her diet is scientifically regulated. Not so with the nursing mother of today. She is instructed to nurse her baby from birth at three or four hour intervals during the day and no feeding at night which makes the interval for each breast six to eight hours or longer. Her diet is not regulated at all, in fact she eats what she can and whenever she can get it, without any thought of food values or what kinds of foods she requires to produce a well balanced milk for her baby. In Germany the expectant poor mother is looked after by the health authorities. During the last two or three months of her pregnancy she is taken to a hospital where she is given proper food and instructed in the care of herself and her offspring, which instruction should begin early in life. The physical make-up of the mammary gland is such that the more the gland is stimulated the more milk it will produce and the earlier in adult life that the stimulation begins the more apt we are

*Presidential Address at the 13th Annual Meeting of the State Pediatric Society.

to have well formed, well functioning glands that will produce a good quantity of milk, the quality being controlled to a certain extent by nervous influence, diet and exercise. Brunettes produce richer milk than blondes as a general rule. The younger the mother is with the first child the better milk producer she becomes, say from eighteen to twenty-one years. She does not know how to worry, her nervous system is stable and she does not anticipate trouble. She is eager to learn how to care for and manage her offspring and is very grateful for the suggestions others may make, especially from the ones in whom she has confidence; viz., the obstetrician, who in the majority of cases is the family physician, and his duty is to teach her proper care and management. But she is neglected, and this teaching is left to the nurse who is given a few general instructions, and in a few days the case is forgotten by the busy doctor and if he is up to date the baby is put on a long interval of feedings during the day and one, or none at all during the night so that the mother is not bothered and can have more time for other things, but to my mind this is a great mistake, for when the baby gets to be about six weeks or two months old the mother goes to the pediatricist because the baby cries or frets continually and does not gain in weight. He finds her milk supply gone or nearly so, and consequently has to supplement the breast feeding with some artificial food or in some cases, by nursing the baby at short intervals on one or both breasts, he may be able to stimulate them sufficiently so that they may produce enough to satisfy the baby. From personal experience I can name a great many mothers who at first seemed absolutely hopeless, but by constant, frequent stimulation of the breast, have been able to successfully nurse their babies the full period and thereby give them the food to which they were entitled and also a good foundation on which to build.

The points which I wish to bring out in this short paper are as follows:

First.—That good mothers are made by proper education.

Second.—That good care of the mother is more important than the care of the cow.

Third.—That the young mother (from eighteen to twenty-one years) is a much

better milk producer than the one over twenty-five years of age.

Fourth.—That long interval feedings from birth do not sufficiently stimulate the breasts to thoroughly establish the flow of milk.

CANCER OF THE KIDNEY.*

Under the name of cancer of the kidney are included malignant tumors of that organ. The term "cancer" considered in its clinical aspect and not in its histological sense as epitheliomas, sarcomas and the mixed tumors. The cancer of the kidney may be initial or secondary. The secondary cancers frequently following the neoplasms of the ovaries, of the uterus, of the liver, of the stomach and of the lungs, reproduce the type of the original cancer. The symptomatology appears to obscure the clinical indications of the original cancer and does not attract our interest from a practical point of view. The cancers caused by metastasis have none of the appearance of the initial cancer.

Etiology.—The etiology is obscure, as is the case in all cancers; we do not have complete information of their frequency nor of the age of the patient in cancer of the kidney. It is usually rare, occurring in only 7% of all cancers. As to age, it may be found at all ages, but most frequently in two periods of life: First, between forty-five and fifty-five, depending upon the individual. Second, in the child under six years, often at the age of two years. It is the only kind of cancer frequent in the baby.

Pathological Anatomy.—From the studies of Lecene we may divide cancers of the kidney into three great groups: tumors due to adjacency tumors of epithelial origin, and those tumors known as mixed. Tumors of adjacency are more frequent in children than in the adult.

Macroscopic Aspect.—Of less size in the adult, in a child, sarcomas of quite a large size may be found, even as large as about ten pounds. Their development is rapid and they quickly interfere with the calibre of the kidney passages. We may say that the tumor is defined by the capsule of the kidney and separated from the renal parenchyma by the con-

*Abstract from Gazette Des Hospitaux Paris, translated by Dr. H. Hamilton, Harrisburg, Pa.

nective tissue of the capsule. Histologically, the tumor is made up of a homogeneous mass without inflammation, containing many enlarged cells. We find many of the vessels are of new formation, without proper walls, an important sign of sarcoma. The cells are of two varieties, as follows: First, fused-cell sarcoma, known by elongated cells, usually fused in groups in the fascia. Second, globular-cell sarcoma, distinguished by round cells, ordinarily small spheres with spindle-shaped poles—sarcoma of little round cells.

Tumors of epithelial origin. These are rarely bilateral, showing distinctly a right or left, as frequently shown by the superior pole. Their size varies. In a word, cancer is shown by gristly spindle cells with a yellow mark in the adjoining tissues. The renal veins are much dilated. The kidney descends more or less behind the colon.

Histologically, there are two kinds of cancer—those of the kidney proper, and those involving the capsule. Epithelioma of the renal type are of the two principal forms:

(a) The neoplasm attacking the tubules is large and irregular, enclosed in the parenchyma and sticking to the malpighian glomerules. The protoplasm is very close in color to the normal tissue, but has the usual large cells of epithelioma of the deep cells. In an advanced stage we find the evidence in the tubules not so serious, but that it has gone into the kidney tissues.

(b) The papillary or vegative form is known by the axes close to a vascularity, on which are one or more sizes of epithelial, cancerous cells.

Epithelioma of the Suprarenals or Hypenephromes. This variety is often like that of the preceding description. It is distinguished by cells of quite limited outline, and has protoplasm scarcely of the color of the fatty cells (clear epithelial cells). The spindle-shaped cells are strongly colored in the center of the cell. The connective tissue is very rich in fats after hemorrhage in the tumor. Morphologically, the cells containing fat do arch in a manner repelling the cells of the capsule, frequently disturbing the kidney substance itself. The fact is well known that in animals the development of these tumors is not dependent on the tissues but originates in the fetal suprarenals. Such is the theory of Grawitz,

ordinarily accepted. However, lately, MM. Roussy and Lerue criticized that theory, basing their criticism upon the following facts:

First, wandering suprarenal cells are the exception in the human being; second, epithelioma of the kidney shows zones of clear cells and layers of darker cells, with transition cells forming between them; third, the fatty cells are characteristic of the suprarenals; fourth, the original cells of the suprarenals are **cloudy**, not **clear** cells.

Mixed tumors are especially disposed to affect children, at first in the kidney proper, and later the capsule, when it is fatal. Histologically, they are found in many tissues: muscular fibers, fatty tissues and elastic tissue. They split up cartilages, and attack the nerve elements and all ganglionic cells. They are known under the name of "adenosarcoma." They are extended, as are all malignant tumors.

Cancer of the kidney is transmitted to other organs in different ways, viz.: 1. By adjacency—from the suprarenal capsule to the uterus, then to the lower intercostal nerves, to the muscles of the chest walls, to the venae cavae, to the aorta, to the spine, to the marrow, to the several abdominal organs (the colon, spleen, liver and pancreas); 2, through the blood vessels, very slowly radiating from the sarcoma; 3, by the lymph channels, which sometimes in sarcoma of children, produce great ganglionic masses in front of the vertebral column.

Clinical Reports.

A CASE OF MONGOLIAN IDIOCY.

Frederick H. von Hofe, M.D.,
South Orange, N. J.

This case of Mongolian Idiocy was thought worthy of some consideration because of the unusual age of the mother at the time of delivery of the idiot.

J. F. was referred by Dr. A. S. Tenny to the Children's Clinic at Orange Memorial Hospital with a diagnosis of Mongolian Idiocy. The infant nine months of age represents the mother's first and only pregnancy. The mother was just twenty years of age at the time of delivery of the infant, and the father's age at that time was twenty-

three. The infant was born at the ninth month of gestation, and the delivery was normal. The presentation was vertex. The birth weight is unknown. The infant cried well directly after birth. There is no history of any known disease in either of the parents' families.

The infant was breast fed 5 months. At 3½ months of age the infant had pneumonia, and at 8 months of age she had measles.

The mother first consulted a physician because the infant did not gain in weight. She had noticed nothing unusual about her infant.

Physical Examination.—A white female infant lies quietly during examination. The facies are those of a Mongolian Idiot. The whole face appears somewhat concave. The eyes slant in an upward and outward direction. The nose is depressed at its base, and the mouth is held open with the tongue protruding. The fontanel is 1¾ inches laterally, and the parietal bones are separated from anterior to posterior fontanel. The chest is well developed. The lungs are apparently normal. The apex beat is just within the left nipple line, and there is a systolic murmur heard best at the apex. The abdomen is soft. There is a slight umbilical hernia. The liver is palpable 1 inch below the costal margin; the spleen is not palpable. The extremities appear normal except for the typical Mongolian hands. The hands are spade-like in character, and the fingers are short and are held separated one from the other. The little finger on either hand is short, reaching only to about the middle of the second phalynx of the ring finger, and there is slight outward curving of each little finger. The thumbs appear to be irregularly padded with subcutaneous fat which seems quite characteristic of this type of idiot. The external genitalia appear normal. There is no glandular enlargement.

This case is unusual because of the mother's early age at the time of the delivery of the Mongolian Idiot. Of a series of cases¹ recently studied, the age of the youngest mother at the time of delivery of the Mongolian Idiot was 22 years; and in 86% of 42 cases recorded the mothers were 30 years of age or over, and in 55% 35 years of age or over at the time of delivery.

It should also be noted that this in-

fant reported here represents the mother's first pregnancy. This too is quite unusual for in the series just referred to 72 of 111 cases represent the mother's last pregnancy, one or more preceding the pregnancy resulting in the birth of the Mongolian Idiot. In only 9.3% of cases in this series did the Mongolian Idiot represent the mother's first pregnancy.

1. von Hofe, F. H.; A Report of 150 Cases of Mongolian Idiocy, Archives of Pediatrics, to be published.

LARYNGEAL STENOSIS—CASE REPORT.

Drs. F. M. Hoffman and J. F. McGovern
New Brunswick, N. J.

Mrs. A. F. admitted to St. Peter's General Hospital on December 26, 1921. Age, 32 years; occupation, housewife. Born in America.

Family History: Father 50 years of age. Mother died at age of 60 with gastric carcinoma. No brothers or sisters.

Chief Complaint: Difficult breathing, and harshness of spoken and whispered voice. Trouble first began about middle of November, 1921. Patient saw a physician at this time, who diagnosed her condition as a growth in the larynx. Local application relieved the symptoms somewhat. Internal medication gave no relief.

On December 2, 1921, patient's distress increased, and at 3 A. M. on December 26, 1921, Dr. McGovern saw the patient at her home. She was seated in a chair, markedly cyanosed and dyspnoeic and supported in this position by two women, and was apparently semi-comatose. Patient was removed to bed and morph. gr. 1-4, atropine gr. 1-1000 administered hypodermically. This gave her marked relief.

On December 26, 1921, 8 A. M., patient was removed to the hospital on account of return of dyspnoea.

Past History: Measles when young. varicella at 12 years of age. December 8, 1914, had a normal baby; January 4, 1918, had a normal baby; April 27, 1919, had spina bifida. In between pregnancies no irregularity of menstruation except during lactation. No miscarriages or any history of venereal disease given.

At present patient claims to be pregnant about seven months duration.

Physical examination on admission to

hospital: Patient markedly dyspnoeic. inspiration and expiration were equally difficult. Her eyes were wide open, bulging, and the expression anxious; mouth wide open and patient appeared to do all her breathing through the mouth: she coughed occasionally, a tight brassy sound; she complained, by motion, of some soreness in the region of larynx; she spoke in a low whispered, scarcely audible voice.

Neck: All the muscles of the neck appeared to be involved in the act of respiration. No superficial vessels palpable or pulsating, no masses visible or palpable.

Chest: Respirations were fast and shallow. Vocal fremitus not obtainable; no definite dull areas were percussable. On auscultation all types of harsh sounds and rales were present over both lungs, especially posteriorly over the trachea short and high pitched expiratory breath sounds were heard.

Heart: Apex beat visible in the 5th space, no palpable thrills, no enlargement could be made out, no murmurs, second sound accentuated.

Abdomen: Enlarged and distended. The tumor present extended midway between the umbilicus and ensiform appendix. The linea nigra extended up to the same point. The tumor, on examination, proved to be a pregnant uterus of about seven months duration. Previous to the present acute attack, the foetus had been very lively.

Rontgenogram showed no foreign body in respiratory apparatus or lung pathology dependent on a foreign body. The urine examination of catheterized specimen showed a moderately large amount of albumin.

Preoperative diagnosis: Laryngeal oedema probably due to acute nephritis, due to pregnancy.

When patient was seen in operating room she was in extremis, extraordinary respiration had ceased, breathing being very shallow and gradually slowing down. Patient unconscious.

Direct laryngoscopy with a Jackson's adult laryngoscope, revealed marked oedema of the peri-laryngeal tissues; the aryteno-epiglottic folds and base of epiglottis were oedematous, and the laryngeal canal almost completely obliterated. No membrane, pseudo-membrane, foreign body, or new growth could be seen.

A large sized Lynah non-cough-up

tube could not be inserted (being too large) a twelve year size O'Dwyer hard rubber tube was now inserted by the direct method without difficulty. Waited for patient to regain consciousness and then removed cord allowing tube to remain in position.

From December 26, 1921 to January 2, 1922, the patient got along nicely, receiving nutrient fluids by the Casselbury method.

On January 2, 1922, the tube was extubated by the direct method, the reason for this method being the desire to inspect the peri-laryngeal and laryngeal tissues. The tissues were only slightly oedematous, the patient at this time had no return of dyspnoea.

On January 3, 1922, the patient reported that she had not felt foetal movements since December 25, 1921. Previous to this date foetal movements were very active.

On January 10, 1922, Patient discharged, feeling greatly improved but still hoarse and coughing occasionally. No pain in throat. Urine now negative to albumin.

On January 21, 1922, patient re-admitted to hospital for relief of dyspnoea, which was moderately severe. Between last discharge and present admission she had had a miscarriage.

Preoperative Diagnosis: Laryngeal oedema.

Ten per cent. aq. solution, cocaine was applied to the pharynx and 20 per cent. aq. solution of cocaine was applied to the larynx. Direct laryngoscopy was done with an adult sized laryngoscope and at 7 m. m. bronchoscope was passed thru this into the trachea. A small tumor was seen in the left ventricle of the larynx springing from oedematous tissue; this was removed. No abnormality in trachea.

Post operative diagnosis: laryngeal papilloma and oedema.

Dr. Harrison S Martland's report of the pathology of the growth is as follows:

"Section show small growth covered on three sides by wavy epithelial lining which is quite regular and shows no migratory invasion. The stroma beneath is loose fibro-elastic tissue with a considerable amount of round cell and endothelial leucocytic infiltration, chronic inflammation. Occasionally the epithelial covering is thrown up into fold-like

masses—cross section of these folds may be occasionally seen."

Urine examinations were negative to albumin and

The patient gradually improved, the dyspnoea became less severe, and she was discharged on January 24, 1922, much better, but still slightly hoarse.

The third admission to the hospital was on March 2, 1922. During her stay at home she had breathed comfortably, but at times had a return of some dyspnoea.

The physical examination at this time was as follows:

General Appearance: Well developed woman lying in bed; not acutely ill; has some laryngeal stridor.

Head—eyes,—pupils react to light and accommodation; no nystagmus or discoloration of the sclera.

Ears: Membranes normal; external canals normal; hearing normal.

Mouth: Teeth in good condition; no pyorrhoea; tongue slightly coated. Throat not inflamed. There is laryngeal stridor, which is more marked on inspiration.

Neck: No palpable nodes; no abnormal pulsations.

Chest—Lungs: Vesicular breathing throughout.

Heart: Sounds clear; no murmurs. regular rhythm; not rapid.

Abdomen: Liver and spleen not palpable. No points of tenderness.

Extremities: No oedema, marked varicosities of both legs. No tibial roughening or bowing.

Preoperative Diagnosis: Laryngeal papilloma and oedema.

On same day and under the same local anaesthetic conditions as previously, an anterior commissure laryngoscope was inserted; a small growth seen projecting anteriorly from post laryngeal commissure was removed. The laryngeal tissues, especially in left ventricle were somewhat oedematous.

Dr Harrison S. Martland's report is as follows:

"Specimen too small and thick to offer opinion, but probably benign papilloma with slight chronic inflammation; presence of small round cells beneath mucosa."

She was discharged on March 6, 1922, with no great improvement.

On March 10, 1922, an indirect examination of her larynx at my office reveal-

ed an entirely new picture; there was a rounded smooth red mass in the left ventricle of the larynx on the surface of which were three small ulcers; there was another shallow ulcer at the posterior commissure. This suggested tertiary syphilis, and on March 17, 1922, she was admitted to the hospital for treatment.

Blood taken for a Wassermann was not satisfactory, as the blood hemolysed before the test was made, but not withstanding this it was decided to place the patient on the therapeutic test.

She received several intravenous injections of arsphenamin, also intramuscular injection of mercury salicylate and mercuriosal as well as internal medication and the improvement even after the first arsphenamin injection was remarkable.

Laryngeal examination after the second arsphenamin injection showed no ulcers or swellings within the larynx; the mucosa was still somewhat inflamed.

Wassermann test of pulse was returned one week after second injection.

The patient since the antiluetic treatment has been in force has gained weight and color; is much stronger and can do her own work, without fatigue. The laryngeal picture is normal. Her voice is as good as it ever was and she never is troubled with dyspnoea. She is still under treatment.

Final Diagnosis: Tertiary laryngeal syphilis.

CASE OF UTERINE BLEEDING TREATED WITH RADIUM.*

By Joseph J. Mundell, M.D., F.A.C.S.,
Washington, D. C.

We frequently see cases of moderate or excessive uterine bleeding in which we can find no gross lesion in the pelvis to account for it. This type of bleeding is spoken of as pathological bleeding in the grossly normal uterus and it is merely a variation in the amount, duration, character or periodicity of the normal menstrual flow.

Heretofore, uterine anatomical lesions have been given as the cause, such as: endometritis, fibrosis, metritis, arterio-sclerosis of the uterine vessels, syphilis, tuberculosis, passive congestion due to misplacements, pelvic or abdominal tumors, cardiac or cardio-renal disease, high blood pressure, etc. In 1908 Hitschman and Adler made sections of a large number of uteri and found hyperplasia of the endometrium, fibrosis and arterio-sclerosis of the uterine vessels present in just as many non-bleeding uteri as in the bleeding ones.

It is now generally held in these cases, that

*Read before the District of Columbia Medical Society, April 13, 1921.

the congested endometrium is a counterpart or an exaggerated form of the normal premenstrual endometrium and though it, like the normal, is concerned in the outpouring of the menstrual blood; nevertheless, it is stimulated or otherwise affected by the same influences or substances which bring about normal menstruation. Clinical research and animal experimentation has demonstrated that that substance is the corpus luteum or the Graffian follicle. In normal menstruation, the cycle of hyperplasia and depletion of the endometrium is coincident with the cycle of the development and recession of the corpus luteum.

It seems then that in pathological, as well as in normal bleeding, some excitation or disturbance of the Graffian follicle in some stage of its development, probably the corpus luteum, is the essential factor. If this be true that pathological bleeding is only a variation of the normal and we wish to bring about its cessation, then the logical procedure is to attack the one essential element in the menstrual cycle, namely the Graffian follicle. Next to the lymphocyte and the spermatozoa the Graffian follicle is the most susceptible structure of the body to the action of radium. Within a few hours after the administration of radium the nuclei of the Graffian follicle begin to break up and within ten days the whole structure of the follicle is destroyed.

In functional menorrhagia or metrorrhagia near the menopause, when no gross lesion, such as tumor or cancer of the uterus, can be found, the use of radium is the treatment par excellence. Dr. Leda J. Stacy, who is at the head of the Gynecological Section at the Mayo Clinic, says that its action is specific. While the use of radium in small dosage in the bleeding of younger women is advocated by some, it must be used with caution and the patient should be frankly told the risk of bringing on an artificial menopause. The diagnosis in these cases should be doubly insured by pathological examination of the uterine scrapings to rule out cancer of the body.

In the past, treatment of these cases has been conspicuous by its failure, cases have been curetted and curetted, have been treated with organotherapy, corpus luteum extract, ovarian extract, thyroid extract, pituitary extract, mammary extract, etc., with the same dismal failure until menopause intervened or else in some cases hysterectomy has been done. One intrauterine application of fifty milligrams of radium for twelve hours with the patient comfortable in bed for only a few days produces a cure in at least ninety to ninety-five per cent. of the cases.

I will report one typical case:

Mrs. H. Age 45 years. Large, healthy, well developed and well nourished woman who has always enjoyed excellent health up to the present illness. Part IV, all normal births. Menstrual history was normal up to three years ago. April, 1917, she was dilated and curetted and had a trachelorrhaphy for leucorrhoea.

Beginning February, 1918, she suffered with menorrhagia, periods lasting two and three weeks, until April, 1919, when she was curetted. The curettings were examined and reported negative for malignancy. The excessive flow was benefited by the curettage for a few months.

When I first saw the patient in April, 1920, her flow was excessive, lasting two to five weeks. Abdominal examination was negative. Vaginal examination showed the cervix small, hard and fibrous; the fundus was about normal size and freely movable; both appendages were negative. Various remedies were administered unsuccessfully and on June 23, 1920, at Columbia Hospital, dilatation and curettage was performed. The pathological report was chronic endometritis, no evidence of malignancy. For three months the flow was slightly improved, but then became heavy, lasting two and three weeks.

January 20, 1921, under gas anesthesia, the patient was again curetted and fifty milligrams of radium was placed within the uterine cavity for twelve hours and the patient left the hospital on the fifth day. No evidence of malignancy was reported from the curettings. The bleeding ceased immediately and has not returned and the patient in this respect is well and happy, so much so that yesterday she phoned me asking if she could not make a contribution to the Madame Curie Radium Fund.

N. B.—Date of publication, eleven months following treatment, patient reports that bleeding has not returned and that her health is excellent.

Remarkable Recovery from Sarcoma.—A subject had been operated on for sarcoma of the face twenty-two years before he noticed a recurrence. The latter, whether a bona fide recurrence or not, was seated in the superior maxillary bone and was not operable. It was treated with four hours of the most powerful x-rays, and in thirty-three weeks but a trace remained. An abundant fetid suppuration had, however, been established, probably in connection with fistula formation, and was treated by large doses of an autovaccine. The lack of definite bounds and the osseous adhesions made operation out of the question. —Le Progres Medical.

Case with Numerous Rheumatic Nodules.

By Dr. W. McK. Marriott of St. Louis: This patient is a boy 14 years of age who has suffered from several attacks of acute rheumatic fever. He has chronic cardiac valvular disease and at the present time has marked symptoms of chorea and some rheumatic involvement of one wrist and ankle. He shows a much larger number of rheumatic nodules than is customarily seen. These nodules occur in the tendons and vary in size from a split pea to that of an almond. These nodules are found around the knees, tips of the spinous processes, along the flexor and extensor surfaces of the forearms and a number of large ones under the scalp in the epicranial aponeurosis. The latter might, on first glance, be mistaken for sebaceous cysts, but they are definitely adherent to the tendinous aponeurosis and do not move with the skin; they are hard and fibrous. None of these nodules is especially painful to the touch nor is there any inflammatory reaction around them. Such rheumatic nodules as these are seen only in the presence of relatively severe rheumatic fever particularly those cases which are complicated by endocarditis or pericarditis.

County Medical Societies' Reports

CUMBERLAND COUNTY.

E. S. Corson, M.D., Reporter.

A great surprise greeted those who assembled in Vineland to attend the quarterly meeting in the unusual number in attendance. Dr. P. Brooke Bland is always a drawing speaker and this occasion was an additional attest of his ability. His subject, "Infection Attending Abortion," was full of scientific instruction. His ultra-conservatism was manifest in his statement, "Let all abortions alone, nature can do the work better than you can; put the patient to bed and end results will be obtained quicker and better than by interference." Considerable discussion was evoked on this point and the general sentiment seemed to favor conservative instrumentation. Dr. Walt P. Conaway, district councilor, spoke of the necessity of keeping tabs on all instruments and drainage tubes used in treating wounds. He especially referred to a case in which a doctor had been sued for damages for not removing drainage tubes; the doctor remembered the number inserted but not the number removed. These things should be recorded on the report sheet.

Dr. E. S. Corson reported on the State Medical meeting. He emphasized the work of the State Welfare Committee's untiring and successful efforts.

A committee was appointed to arrange for the annual picnic in August.

HUNTERDON COUNTY.¹

Morris H. Leaver, M.D., Reporter.

The Hunterdon County Medical Society met on April 25, 1922, in the rooms of the Hunterdon County Historical Society. The meeting being called to order by the president, Dr. E. W. Lane, at 10.30 A. M.

Dr. S. B. English reported the case history of a young married lady who was in an automobile accident and developed profuse uterine hemorrhage, for which she was curetted and packed, but the hemorrhage although lessened in amount still persisted. She then developed broncho-pneumonia and was sent to the sanatorium with a diagnosis of pulmonary tuberculosis. The hemorrhage from the uterus continued for nearly four months in spite of all treatment but finally ceased spontaneously. The final diagnosis of the condition being tuberculous pyo-salpinx. Dr. English also reported the case of a man sent to the sanatorium with pulmonary tuberculosis who developed typhoid fever. He stated that there had been five cases of this complication at the sanatorium and that in his experience the intercurrent of typhoid did not seem to unfavorably influence the tuberculous process. Both the above cases were freely discussed by the society.

Dr. F. A. Apgar reported a case of glycosuria with the results of treatment with magnesium sulphate. This was discussed by Drs. Closson and Best who spoke on the causes and treatment of the condition.

Dr. G. N. J. Sommer reported the case of a lady of twenty-three years of age with absence of vagina and uterus. She had an in-

guinal hernia which at operation was found to contain an ovary. He also did a Baldwin operation for the construction of a vagina.

Dr. A. H. Coleman reported the case of a lady with a double vagina and cervix. One vaginal canal being infected with gonorrhoea.

Dr. Sommer also explained the changes in the Employer's Liability Act, and the society instructed its delegates to the State Society to vote for the formation of a maximum and minimum scale of professional fees.

A committee consisting of Drs. English, Thomas and Coleman to secure speakers for the meetings of the society.

Dr. Leaver was appointed essayist for the next meeting.

Since our last meeting death has entered our ranks and taken Frederick L. Johnson, M.D., of Stanton to a well-earned reward. Dr. Johnson was graduated from the Medico Chirurgical College of Baltimore in 1889 and settled at Stanton in 1891, joining the county medical society the same year. His father, Van Cleve Johnson, was also a physician, as was his grandfather, William Johnson, M.D., who was a graduate of both Princeton and the University of Pennsylvania, and was one of the charter members of this society. Dr. Fred had a host of friends and a large practice, and his untimely death at the age of fifty-seven was largely due to his sense of duty toward his patients as he continued to make accustomed visits until a few days before his death of broncho-pneumonia. The funeral was conducted by Darcy Lodge No. 37, F. and A. M., of which he was a member.

Our society will miss his regular attendance and the neighborhood in which he lived will more than miss him. A committee consisting of Drs. Sproul, Furman and Thomas were appointed to draft resolutions on his death.

(The Editor regrets that this report was mislaid and its insertion was thereby delayed).

UNION COUNTY.

Russell A. Shirrefs, M.D., Reporter.

A regular meeting of the Union County Medical Society was held on the evening of July 12th at the Elks' Club in Elizabeth. Notwithstanding the very hot night, there was a large attendance. After the completion of routine business, the society was addressed by Dr. Harry L. Alexander of Summit, whose subject was "Bronchial Asthma." Speaking without notes, Dr. Alexander's clear and comprehensive discussion of the subject showed evidence of a careful study of the disease, and made a deep and favorable impression on his hearers. The thanks of the society was extended him for his instructive talk. At the close of the meeting a repast was served and a social session enjoyed.

Associated Physicians of Montclair and Vicinity—At a meeting held May 22, 1922, the following officers were unanimously elected for the coming season: President, Dr. David Clark Thompson of Bloomfield; vice-president, Dr. Harvey M. Ewing of Upper Montclair; secretary, Dr. Eric H. Lindblade of Montclair; treasurer, Dr. Frank D. Scudder of Montclair; historian, Dr. Henry Wallace of Glen Ridge.

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OF THE

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer favor by notifying the Publication Committee of the fact.

NOTE.—The transaction of business will be expedited, and prompt attention secured if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR, New Brunswick.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE, Newark.

BOARD OF TRUSTEES.

The Board will meet early in September. Notice will be sent to members. We deeply regret to hear that Chairman Sproul has been very ill.

APOLOGY AND REMINDER

The editor apologizes for any omissions of scientific papers or other matter that should have had insertion in this issue of the Journal. He has not yet received the stenographer's report of the discussions of the papers presented at the annual meeting of the society, three of which papers are ready for insertion. A report of a medical society meeting held in June was not received until July 27. The editor was called to a distant city by a death in the family the latter part of July. He expects to take a vacation rest—the first in several years—in Maine from August 8 to 18, which will account for any delay in answering correspondents at that time.

July 29—Since writing the above we received, through Secretary Chandler, the stenographer's report of the discussion of the annual meeting's first paper—Dr. Murn's. As the part of the Journal containing original articles was made up and sent to the printer on the 27, it could not be inserted.

DR. CHANDLER LEAVES KEARNY.

We hear as The Journal goes to press that our worthy secretary—Dr. William J. Chandler—has resigned his position as assistant physician at the N. J. Home for Disabled Soldiers at Kearny and will return to his home at South Orange August 15. He was appointed May 1, 1917, and has served with ability since. We express not only our own, but we doubt not the wishes of our entire membership that he may enjoy for many years to come his well-earned rest from the **active practice** of his profession.

MEDICAL ETHICS

One factor distinguishing medical from other professional ethics is that medical ethics relates largely to acts immediately affecting the lives and health of human beings, and not to merely abstract principles. This distinction has been recognized, since the days of Hammurabi, in all statements of principles, or so-called codes, of medical ethics. It is interesting to note, too, the permanence of the statements of ethical principles governing specifically the acts of physicians, as formally approved by the American Medical Association, since the adoption of the "Code of Ethics," at the first annual session of the Association, in 1847. The code then adopted continued in effect until 1903, when, at the New Orleans session, it was superseded by a new statement there adopted, and the title changed from "Code" to "Principles" of medical ethics; but even then only minor modifications were made, the most important being the omission of the chapter defining the relationship which the public and the patient should hold to the practitioner of medicine. In 1912, the statement of the "Principles of Ethics" was revised, but the changes were hardly more than changes in phraseology. New conditions, however, have recently developed in the practice of medicine, and group and institutional practice have loomed up as elements to be reckoned with. Many physicians, it is to be feared, have quite unconsciously tolerated on the part of groups and institutions with which they are connected acts which they would not for a moment have considered if they had felt that they individually were responsible for them. It has always been recognized, for instance, that "solicitation of pa-

tients" is unprofessional, and that a physician cannot ethically engage in such solicitation. Justice and fairness demand that the practice be not indulged in by physicians through groups or institutions with which they may be connected, any more than it would be indulged in by such physicians acting in their individual capacities. These considerations led the House of Delegates at the last annual session in St. Louis to incorporate in the "Principles of Ethics" the following, so that there might be no doubt as to the duty of groups and institutions or of the physicians connected with them:

Sec. 4.—Solicitation of patients by physicians as individuals, or collectively in groups by whatsoever name these be called, or by institutions or organizations, whether by circulars or advertisements, or by personal communications, is unprofessional. This does not prohibit ethical institutions from a legitimate advertisement of location, physical surroundings and special class—if any—of patients accommodated.

As may be noted, it is recognized that "institutions" which provide means for treating the sick and which have certain physical attributes which can properly be announced may call attention to these facilities. But groups of physicians associated for any reason, in group clinics or other institutions, should conform to the restrictions governing the individual physician. For professional and quasiprofessional acts committed by such groups or institutions, the physicians connected therewith must hold themselves accountable. — Amer. Med. Ass'n Jour.

DOCTOR—WHAT ARE YOU WORTH?

Editorial in Tenn. Med. Jour.

Dr. Frank Crane has put it editorially better than any words yet framed. "From your chin down you are worth about \$2.50 per day, from your chin up you are worth anything. There's no limit. Without your headpiece you are just an animal, and about as valuable as a mule—maybe."

The public has a mistaken idea about the doctor. They think that he is paid entirely for his work. He is not. He is paid for what he thinks while he is working. It's the kind of brain that directs his hands that give him his rating. The public is never concerned about the contents of a doctor's skull, but sizes him up in mass below the collar bone. They think that because he uses his body by keeping

his arms strong, his legs limber, and his waist line supple that his cerebrum never exercised regularly.

Unless we are experts in golf or tennis, poker or craps, our thoughts are flabby, uncontrolled, useless. They think that we are never entitled to pleasure recreation except from our chins up. As long as we have shoes on our feet, food for our stomachs, and clothes for our backs, we still must be content with fun in the attic and not in the cellar. They think that books at all times should be our interest, with no thought of bee fishing or hunting.

They think we are pulled by a cable taw from the head and never from the lions. They think we can live after our heads are severed from our bodies. We are judged only as animals pestered with a medicinal brain and with a soul prisoned in a body.

Our gist of culture should never be transferred from above our noses. There is an increasing realization that the laity thinks that the physician should charge what he did years ago regardless of the increased cost of living. Sugar went high, as well as other food commodities, medical fees remain the same, and today the physician is having a sweet and high time in collecting his bills.

The physician must begin today to think more of himself, his professional capacities and powers. We must gain more self-respect and let the sense of dignity grip us with a bulldog's tenacity—to some degree get "hard-boiled," and do not let the public call "Mercy, kamarade" every time you charge them \$3.00 for day calls and \$10.00 for night calls.

We must stand the challenge of a new ambition. When you get the public to thinking that a physician is something more than a tool or piece of machinery we will have gained a new vision of self-respect, and such a vision will cause a rise in value. When we unlock the true value of the physician to the public and "stand pat" in our demands, we will be of some value in life besides as a public servant.

The physician in years gone by was content to run in low speed because the roads were free and wide and he was content with many ruts along his drive ways to fame and fortune. The public in those times thought down to the right relation with their physician. They loved

him, looked up to him, and even at times, if proper consideration was not shown at night, he in the long run was well paid for his services in cash or a commodity oftentimes more valuable than cash to-day.

The physician of today must necessarily run in high speed regardless of the dangers of skidding and obstacles along the road, for in these times he rarely gets paid in full for his visit, and if he takes steps to collect his bills, he is an "ungrateful cuss." We practice "on a credit" and are less fortunate than our brothers in the dry goods, the grocery and the gas business, who are backed up by a credit system, and can demand payment of bills in full at the end of the month.

The medical profession is just about the worst abused profession that ever came down a pike in a "flivver," Pierce-Arrow or Buick.

The medical profession must get together and make the public think down to the right relations with us. Educate them into seeing each man in his place, and when this is done, it will give them sanity and sympathy towards the profession. They will begin to plan ahead for the doctor, as well as for the dry goods and the grocery man, and pay their bills in full. When this happens, we will begin to taste comforts and happiness and be free of mental worry.

When the public awakens to the value of the physician and their duty towards him, their souls will be aroused and will rally to a new support of him. When all this is brought about, the greatest good will have been accomplished, and when all men calling on doctors for medical aid have sensed it, the priceless value of the physician to life will be inestimable. No man will doubt his worth; he will dare divinely and achieve limitlessly. You will find the magic talisman of full public estimation and appreciation create abundance, and be able to meet your honest debts like other men.

To accomplish all this, the medical profession must get into their systems enough of the Oleoresin Pinus Calcis to hold them to a decision that a patient must pay up his accounts like he does the other fellows.

Secure the price of your toil from your brain and hands, and you will realize how much you are worth.—Thomas. H. Ingram, M.D.

WELFARE COMMITTEE

MEDICAL SOCIETY OF NEW JERSEY.

Bulletin No. 1.

The Welfare Committee of the Medical Society of New Jersey, under appointment by Dr. James Hunter, newly-elected president of the State Society, has begun activities for the current year 1922-1923. The first meeting was held in Newark on June 29. Following is a synopsis of said meeting:

In response to an invitation from the Welfare Committee of the State Society to the welfare and legislative committees of all the county societies, the following met at Newark, Thursday, June 29, to formulate policies for guidance in legislation during the next session. Dr. Eagleton and Dr. Pinneo of Newark, Dr. Harvey Sr. of Orange, Dr. Sweeney of Union Hill, Dr. English of New Brunswick, Dr. Freeland of Hackensack, Dr. Lippincott of Camden, Dr. Stroud of Moorestown, Dr. McGuire and Dr. Costill of Trenton, Dr. Julia Mutchler of Dover, Dr. Quinn, Dr. Schlichter and Dr. Livingood of Elizabeth, Dr. Lawrence of Summit, Dr. McCoy and Dr. McBride of Paterson, Dr. Stewart and Dr. Darnell of Atlantic City.

Dr. Eagleton, chairman of the State Welfare Committee, outlined a program to carry into effect the medical phases of the amendments to the Workmen's Compensation Laws, which will become operative July 4th. His plan was that in each of the five compensation districts of the State a committee of three physicians be appointed by the Department of Labor to adjudicate cases of disputed medical fees, one physician representing that department, another the employer, and a third the medical profession at large; the latter to have no official affiliation with any employer or insurance carrier. He proposed that the appointment of such committees be recommended to the Commissioner of Labor as the plan of the medical men.

After considerable discussion a motion made by Dr. McBride of Paterson was adopted providing that the Welfare Committees select at once one physician from each of the five industrial districts to serve as representatives of the medical profession on such committees, and that upon the approval of these appointees by the medical societies of the counties in which these physicians will function, their names be recommended to the State Department of Labor.

The following men were nominated by the committee to be recommended as medical advisors representing the medical profession to the deputy compensation commissioners: For Essex County, Dr. John Hagerty of Newark; Passaic County, Dr. John McCoy of Paterson; Mercer County, Dr. Henry B. Costill of Trenton; Camden County, Dr. A. Haines Lippincott of Camden; Hudson County, Dr. Samuel A. Cosgrove of Jersey City.

Dr. Eagleton then called attention to the explanation of the State Board of Medical Examiners that it has not the necessary funds to prosecute illegal practitioners of medicine. He suggested that it is inconsistent with the dignity of the profession for them to contribute personally to such a fund—as such action would undoubtedly be construed as an

attempt to stifle competition—the medical profession should demand, however, that the State appropriate sufficient funds to enable the Department of State, viz., the State Board of Medical Examiners, to perform its proper function, namely the protection of the public against incompetency. He also proposed that the whole profession be called upon to support such a demand for an appropriation.

Dr. Costill in making a motion of approval of the suggestion stipulated that the Board of Medical Examiners be requested to prepare the necessary bills for submission to the legislature next winter, viz.: Providing a state appropriation for the purpose of administering the laws under which it acts; and that the Welfare Committee would give its hearty support to these measures and would call upon the physicians of the State to back the board in its efforts to secure such an appropriation.

It was declared a principle of the Welfare Committee that the medical profession would endeavor to have legislation enacted which will help solve the venereal disease problem in the State. A motion made by Dr. English was then adopted, providing for the appointment of a committee of five physicians, three men and two women, to collect data and to conduct an investigation of this situation in New Jersey and the adjoining States with a view to preparing bills to be submitted to the Legislature.

The program of the State Board of Health for dealing with the midwifery and nursing situations, the regulation and standardization of private sanatoriums, baby farms, etcetera, was discussed. The committee declared that it would support such measures dealing with these matters as the State Board of Health might submit to the Legislature.

The Welfare Committee is now in communication with the New Jersey Nursing Association, the New Jersey Association of Public Health Nursing and the New Jersey Hospital Association with a view of having a special committee of the Welfare Committee appointed to investigate the nursing situation in the State.

It is suggested that the physicians immediately establish a contact with the members of the Legislature and the political leaders of the two parties in their respective counties acquainting them with the legislative policy of the State Society for the ensuing year, and requesting their support of same.

It is also suggested to the physicians that they interest themselves in obtaining the nomination of physicians for members of the State Assembly from their respective counties, where such nominations are feasible, and where physicians can be induced to accept. The object is to have representatives in the Assembly who will support the Welfare Committee's program of legislation in the interests of the public health. Under the present program of the political leaders the physicians, who were members of the last Assembly, are to be retired. The Welfare Committee believes that some physicians should be nominated, otherwise there will be no physicians in the next House of Assembly.

Wells P. Eagleton, M.D.,
Chairman Welfare Committee.

WELFARE COMMITTEE.

Bulletin No. 2

At a recent conference between Dr. Wells P. Eagleton, chairman of the Welfare Committee of the Medical Society of New Jersey, and Col. Lewis T. Bryant, State Commissioner of Labor, it was agreed that the interpretation of the Medical Amendment to the Workmen's Compensation Law, as made by the physicians, be accepted by Col. Bryant.

The new medical amendment to the Workmen's Compensation Law, as prepared by the Welfare Committee of the State Medical Society, is now the law of the State, and the physicians are to be guided by it in the treatment of compensation cases. Everything that the Medical Profession has contended for has been agreed to by Col. Bryant as representing the State.

The physicians must know that to obtain their money they must comply with the provisions of the law. Accompanying this Bulletin is a digest of the law and a copy of the report form, which the physicians must make report on for each case cared for under the Compensation law.

Physicians must fill out this form, mailing one copy to the Department of Labor, one to the employer, and the committee suggest that either a duplicate be filed in your office with the date of mailing the same, or a record be kept when notification was made, because judging by the past, the insurance carriers are apt to take advantage of a failure to make proper notification claiming that such notification was never received. The law does not require notification to insurance carriers.

The committee suggests that in filling out the notification a carbon copy be used. Official forms of application may be had at the Bureau of Compensation, Department of Labor, State House, Trenton, N. J.

In case of confusion the Welfare Committee is willing to render any assistance necessary for a clear understanding of the law.

DIGEST OF MEDICAL PROVISIONS OF THE NEW JERSEY WORKMEN'S COMPENSATION LAW.

As Prescribed by Chapter 245, Laws of 1922
Effective July 4, 1922.

Immediately upon the occurrence of an industrial accident to an employee, the employer, upon receipt of knowledge thereof, by himself, his superintendent, or his foreman shall at once furnish the injured workman with such medical and surgical care up to fifty dollars, and in addition such hospital service up to fifty dollars as shall be necessary to effect a cure and to restore lost functions as far as possible. If the employer fail to comply with the above requirements, the employee may secure the service specified and the employer shall be liable to pay therefor.

If the above named sums do not suffice to effect a cure and restoration, the employee or the physician or any other person, may file a petition for an additional allowance. Such petition shall be filed when the need for extended service shall become known, and shall be prepared in duplicate as required by

upon blanks to be secured from the Workmen's Compensation Bureau. One blank shall be mailed to the Workmen's Compensation Bureau. These offices are located at the State House, Trenton, at 9 Franklin street, Newark, and 571 Jersey Van avenue, Jersey City. The second blank shall be mailed to the employer.

The employer shall be liable for additional medical and surgical care in excess of \$50 and hospital services in excess of \$50, providing application has been made to him and to the bureau and the bureau, after investigating the need for same, has determined that

such physician's and surgeon's treatment and hospital services are and were necessary.

Under the terms of this act, the Compensation Bureau must determine whether or not the additional service shall be allowed, and whether or not the physician's and other fees charged are reasonable, and must notify the employer and give him an opportunity to be heard. Such fees and charges must conform to those prevailing in the same community for similar services.

It is to be noted that the medical service period is no longer restricted to four weeks nor to any other specific time.

STATE OF NEW JERSEY, DEPARTMENT OF LABOR

Workmen's Compensation Bureau

Application for Extension of Medical Service Allowance

Date of Accident

Name of employer)	(No. of month)	(Name of employee)
Street address)	(Day of month)	(Street address)
City or town)	(Year)	(City or town)
Date application made)	(Leave blank)	(Date application rec'd)
Application made by)	(Address)	
Names of physician in charge of case)	(Address)	

Did employer or carrier authorize this physician?

State nature of injury. How was injury caused? Explain the treatment given.

Give number of treatment rendered (home, office, hospital) within \$50 limit.

Explain fully why additional allowance is necessary.

How many additional treatments do you estimate will be necessary?

(surgical)

Is additional service (medical). Draw line through service not involved.

(hospital)

Explain probable nature of further service to be given.

Approximate time further treatment will be necessary, if possible.

What permanent injury is likely to result?

Explanatory remarks.

NOTE.—This form is to be made out in duplicate. Mail one copy to the Compensation Bureau, State House, Trenton, N. J., and one to the employer.

Miscellaneous Items

I Am the Doctor.

The following item, written by Dr. Wm. Y. Ward of Ivanhoe, Texas, was clipped from The Independent, a nationally circulating publication of considerable prestige. A number of items of the same character, bearing on the various professions and callings, have been published in that magazine, and the editor, commenting on their comparative merit, said that he was almost inclined to give first place to the physician. The item follows:

I am the custodian of health, that condition of mind and body essential to the adequate enjoyment of all life; the blessings of the food supplied by the farmer, the reading matter provided by the editor.

I am the only servant of society who is expected to adhere to the twenty-four hour work week and the seven day work week. I am understood to be ready to answer all calls, regardless of hour or weather.

I am the first to be summoned in serious

illness or accident, and the last to be remunerated for my service.

"In war I am able to forestall the appalling loss of men from disease, much more decimating to armies than shot and shell. In peace I am still on military duty, although no politician suggests a bonus or advocates a pension.

"Each day upon the firing line of my profession I have coughed into my face the deadly germ of 'flu,' pneumonia and tuberculosis

"I am with you in the hour of nativity; I minister to the ailments of your infancy and childhood; and, when the final battle with death has been lost, I am found at your bedside as you 'put out to sea.'

"I am an insignificant unit in the puny army that is called upon to police the world of disease. Yet I am expected to appear in the sick-room with the smile and the message of gladness and good cheer.

"My competitors are as the sands of the sea. The patent-medicine man has a ready-to-take remedy for each particular ill, with many panaceas besides. The Christian Scientist attacks disease by giving it the cut direct, and by

resolutely refusing to recognize its presence. Many of the mind-cure cults accuse me of gross materialism, while the chiropractor cannot understand why I do not "cure" all forms of disease through the 'adjustment' of a vertebra.

"Notwithstanding all these impediments, when surgery is required, or epidemics are to be controlled, or when grave illness strikes your home, I am usually called.

"You have guessed what I am. Some call me 'doc.'

"I am the doctor."

Chiropractors and Chiropractic Schools.

From the Illinois Medical Journal.

Chiropractors are in the business of exploiting sick people for financial gain. It matters not what the nature of the sickness may be, a chiropractor will guarantee to cure anyone, providing that person will stay long enough with the chiropractor and has the money with which to pay for his services. The least concern of the chiropractor is the nature of the disease with which his patient is suffering, and according to chiropractic claims gonorrhea, syphilis, tuberculosis and leprosy will yield just as readily to chiropractic treatment as the more common complaints such as colds and headaches. But the chiropractor does not stop there as to the efficacy of chiropractic in the treatment of disease. If the country is being swept by a pandemic of influenza out come chiropractors with the double statement that chiropractic will not only cure influenza but prevent it as well. Chiropractic treatments are even advised as prophylactics against venereal disease. Even with these possibilities of usefulness chiropractic can also be successfully used for any disease that happens to be featured in the day's news. In short a chiropractor will guarantee to cure anything so long as there is a financial reward in the transaction.

Chiropractic would be short lived were it not so extensively advertised. If a chiropractor were to depend for new patients on the recommendation of people whom he has cured he would not be in business very long. A chiropractor gets people to come to him through his advertising. Every form of advertising is utilized by a chiropractor. Billboards, newspaper advertisements, motion pictures are all used by chiropractors. The advertising is so written that it sells chiropractic regardless of its merit. To the extensive advertising carried on by the chiropractor may be added the distribution of chiropractic literature. According to the figures of one chiropractic publishing company every person in the United States reads something of chiropractic every week. The office of every chiropractor, in so far as propaganda literature is concerned, make the efforts of the wildest radicals look rather emaciated.

It would not be unreasonable to suppose that with the large claims made for the efficacy of chiropractic in the treatment of disease that chiropractors would possess some superior knowledge of the healing art. It is significant to note that chiropractors have no more knowledge of the healing art than has your iceman or your janitor. Chiropractors in the long run can be no better than the chi-

ropractic schools that turn them out. What of chiropractic schools?

Chiropractic schools as they exist today in America are out and out commercial enterprises. Profits receive far more consideration from the officers in charge of chiropractic schools than the course of instruction. Practically all the chiropractic schools of the country have their faculties made up of business men who have no special knowledge of the healing art. What kind of instruction can such men impart. With profits being the first consideration of chiropractic schools the character of the instruction must of necessity be of the cheapest kind. Chiropractic schools pretend to teach the students of their schools the basic subjects such as anatomy, physiology, chemistry, etc. The instruction is not carried out in connection with the laboratory but almost wholly by the lecture method. It is not therefore surprising that the average chiropractor knows no more of anatomy, physiology, chemistry, etc., than does the average secondary school graduate. What is the character of the people that receive chiropractic instruction?

Chiropractic schools have only two requirements for entrance. 1. Spot cash at time of enrollment, \$350, and 2. ability to read and write. With such requirements for entrance in operation every janitor and ditch digger can enter, and that indeed is the case. Chiropractic is attracting into its ranks men who have failed at most everything. Should that type of people undertake to treat sick people? Apparently in some instances the American public wants that kind of treatment.

It is no credit to American business that it permits the operation of such unconscionable people as chiropractors. To some however, as it appears, the mere dollar has more attraction than public health and public well being.

Therapeutic Notes.

The Treatment of Diabetes Mellitus.—Dr. E. P. Joslin, in closing his able lecture before the Mass. Med. Society on June 13th, says: "In this year of 1922 diabetics and diabeticians have much for which to be thankful. The mysteries of drugs for diabetes no longer enthrall and the mysteries of the diet are steadily vanishing in the light shed upon them by Allen in his discoveries upon undernutrition, by Woodyatt in his emphasis upon the total glucose value of the total diet, by Shaffer in his establishment of a definite relationship between ketogenic and antiketogenic factors, which has elucidated acidosis, and by Newburgh and Marsh, who have shown how remarkably a low protein and a high but limited fat diet can help a desperate case. To all of these investigators we clinicians should be profoundly grateful. The advances just heralded are so full of promise that they would appear to furnish progress enough for the period * * * Time, patience, and plain prosaic work will do the rest. It may take a decade or more before the treatment of diabetes is as simple as that of myxedema, but it will work the more confidently now that Pithagoras's heights have been ascended and the promised land is plain in view."

Treatment of Syphilis.—Dr. L. Brocq, in *Presse Medicale*, declares that the general practitioner is confused by the conflicting opinions that prevail among syphilologists. There is no agreement as to the drug, the dose, the method, etc., and it is still a question whether the intravenous treatment may not damage the vessels and the liver seriously. He regards it as extremely significant that, whereas in the nine years before 1905 he never observed more than three or four cases of jaundice in syphilitics, in recent years jaundice is being constantly encountered in syphilitics that have been treated with arsenicals. In any event, he says, these drugs should not be given further to patients developing jaundice under them.

Calcium Lactophosphate in Vomiting.—Dr. Crawford R. Green, (Med. Record, Jan. 14th), reports the successful use of calcium lactophosphate in the treatment of several cases of cyclic vomiting which he had encountered in his practice. The first patient was a woman about 50 years of age who had been given calcium lactophosphate as part of a treatment for an obscure metabolic disorder. The patient had suffered from attacks of cyclic vomiting in childhood and since puberty had suffered from severe attacks of migraine. After the calcium lactophosphate treatment for several months the attacks of migraine ceased completely—a relief which she had not experienced in many years. The second case was that of a boy eight years old suffering from cyclic vomiting. He gave calcium lactophosphate in the intervals between attacks, reasoning that if there were a close association between the causation of cyclic vomiting and migraine, there might be some similar correlation in their treatment. The boy's condition had not yielded to any of the accepted methods of treatment. From the commencement of the calcium lactophosphate treatment to the time the article was written, about a year and a half later, there was no recurrence of the attack. A girl of eight suffering from cyclic vomiting was subjected to the same treatment and after a year no recurrence of the vomiting attacks was reported.

Psychotherapy in Hiccup.—Recently a boy, aged 8 years, while undergoing the desquamation period of scarlatina was attacked with sharp, rapid, violent hiccup. It persisted several days, and by preventing sleep, caused harm. Since it proved defiant to the methods usually employed for treating this symptom, I decided to try a psychotherapeutic measure. It was strongly impressed on the patient's mind that the ingestion of a teaspoonful of red medicine, resulting by mixing no drugs, would effect a cure. He was also told that any color other than red would be ineffective. Then, phenolphthalein and magesia magma were combined in the patient's presence, resulting in the formation of the red medicine. The boy opened his eyes wide, and eagerly drank a dose of the mixture with the result that the singultus stopped immediately and did not recur.—D. J. Calicchio, Cambridge, Mass.

Hospitals.

Hackensack Hospital.—Mary J. Stone, R. N., reports the following for the month of June, 1922: Patients admitted, 299; patients discharged, 278; operations, major, 44; minor, 65; deliveries, 35; deaths, 19; ambulance cases, 42; dispensary cases, 189; x-rays, 200. Days treatment: Surgical cases, 968; medical cases, 794; obstetrical cases, 646.

Salem County Memorial Hospital.—The following is the report of the hospital for the month of June: Admissions, 57; discharges, 73; births, 13; deaths, 4; out-patients, 60; x-ray examinations, 13; operations, 33.

The County Hospital at Soho.—Dr. Fred H. Pringle assumed his duties as superintendent of this institution last month. In a letter to the Board of Freeholders of Essex County recommended, among other things, the immediate removal of tubercular patients and the conversion of buildings they occupy into reception and observation wards, the Board of Freeholders decided to visit the institution to determine what alterations should be made. The opinion was expressed that action should be delayed until the board learns the intention of the city in regard to the proposed erection of a contagious disease hospital at Ivy Hill.

Complete Hospital Data Lacking.—In no American city of any size is it possible to give the total number of cases admitted to the hospitals, both public and private, the diseases for which entrance was sought, the age and sex distribution of the patients, the duration of treatment and the result of the treatment. It is a blemish on the excellent work done by hospitals that this phase of their activities has been left undeveloped almost without exception in the United States.—Emerson, Hosp. Soc. Service.

Marriages.

GRIER-McCLEAVY.—At Harrington, Del., June 24, 1922, Dr. Robert Martin Grier of Pleasantville, N. J., to Miss Virginia McCleavy of Harrington, Del.

HIGGINS-SCHENCK.—In Jersey City, N. J., July 7, 1922, Dr. Gerald F. Higgins, to Miss Pauline E. Schenck, both of Jersey City.

MORRIS-COMPTON.—At Plainfield, N. J., June 6, 1922, Dr. Thomas H. Morris, to Miss Ruth Compton, both of Plainfield.

Death.

POTTS.—In Trenton, N. J., July 7, 1922, Dr. M. Leroy Potts of heart disease, aged 38 years. Dr. Potts graduated from Jefferson Medical College in 1912. He practiced in Trenton twelve years. He served in the World War and rose to the rank of lieutenant colonel.

Personal Notes.

Dr. John E. Anderson, Neshanic, and wife spent a few days last month visiting relatives in Berwick, Pa.

Dr. William F. Beggs, Newark, and wife have returned from Mantoloking.

Drs. Fred L. Brown and Benj. Gutmann, New Brunswick, returned last month from Boston, where they attended a special post-graduate course in Harvard Medical School.

Dr. Frederick A. Pringle, Overbrook, and wife are staying a few weeks at Reading, Pa.

Dr. H. D. Van Gaasbeek, Sussex, has been re-elected medical inspector of the local schools.

Dr. Charles M. Williams, Washington, wife and daughter, took an auto trip to Gettysburg, Pa., last month.

Dr. Wells P. Eagleton, Newark, has been appointed consultant in neurology of the Muhlenberg Hospital, Plainfield.

Dr. Edward H. Crystell, Nutley, and family are at Greenpond for a month.

Dr. William W. Cox, Montclair, recently returned from a week's stay at Westtown, N. Y.

Dr. Alfred C. Benedict, South Orange, has purchased the Spining School Building there and will occupy it as home and offices. He and family are on a motor trip to Thousand Islands and will return Sept. 1st.

Dr. Berthold S. Pollak, Secaucus, is attending the International Congress on Tuberculosis. He was in Paris July 5th.

Dr. Mefford Runyon, South Orange, and wife are spending the summer at their cottage and Edgartown, Mass., and are cruising on their yacht.

Dr. Howard C. Voorhees, New Brunswick, and wife spent two weeks last month at Atlantic City.

Dr. Jacob Roemer, Paterson, has returned from abroad where he spent nine months in Berlin, Vienna and Frankfort, doing post-graduate work in roentgenray diagnosis, therapy and internal medicine.

Dr. Simon F. Wade, Elizabeth, and wife have returned from a trip to Bermuda and made a brief visit to Hackettstown since.

Dr. Samuel C. Haven, Morristown, will spend August in South Milford, Nova Scotia, with his family who went there in July.

Dr. Frank W. Pinneo, Newark and family spent most of the month of July at Spring Lake, N. J.

Dr. David N. Shippee, Midvale, took a motor trip to Binhamton, N. Y., last month and spent a few days there.

Public Health Items.

Eradication of Venereal Diseases—The danger of transmitting syphilitic and gonorrheal infection through the marital relation, through illicit sexual intercourse, and, extragenitally, through intimate contact, is generally recognized by all who have any knowledge of venereal diseases; but the importance of early diagnosis and treatment in the eradication of

syphilis and gonorrhea is not appreciated so generally.—A. J. Casselman, Public Health Report.

Average Sickness Loss in Industry.—Statistics compiled by the U. S. Public Health Service through a large western corporation show that for the year ending Jan. 31, 1921 the annual loss among 1,282 office employees from sickness was 8.15 days per person. An accurate record was kept of the hours of work missed by each person due to sickness or illness, the sickness being diagnosed by the medical department or by the family physician. The majority of the 1,282 office employees were women, whose sickness rate has been found to be higher than that of men.

Cure of Cancer Making Progress.—Stimulated by the recent visit to the United States of Mme. Curie, its discoverer, scientists in this country are making new progress in treating cancer with radium, according to R. B. Moore, chief chemist of the United States Bureau of Mines.

"All cancer cannot be so cured, and it requires a skilled surgeon who thoroughly understands the proper dosage in order to get favorable results," Mr. Moore states.

"At the present time the United States produces more radium than all the rest of the world together.

"From the beginning of the industry in 1912 to January, 1921, approximately 115 grams of radium element have been produced in this country. Probably not more than forty grams have been recovered from foreign ores since the discovery of radium by Mme. Curie."

Mortality in Madrid from Cancer.—Dr. Lasbennes, in the *La Medicina Ibera*, quotes figures which cover twenty years, beginning 1901. The steady increase in the annual number of deaths might be set down as due to the growth of the city, but the percentage per thousand in habitants also shows a steady increase. In fact, this percentage, which was 0.8 per 1,000 in 1901, was last year 1.16. The incidence in males has considerably more than doubled in twenty years, while that in women is greater by 3 to 2. The principal element of increase is apparently in the direction of cancer of the stomach. In 1901 this class was represented by 108 cases all told, while in 1920 the corresponding figure was 269. On the other hand the increased incidence of cancer of the uterus and breast is not so great that it could not be explained by increase in population. The total loss from cancer, etc., for the twenty year period was 11,601, and the annual loss therefore under 600. The cancer death rate of Madrid is therefore about the same as that of Greater New York, which, with as much as tenfold the population of the Spanish metropolis, has a cancer death loss of from 5,000 to 6,000 annually. The author makes but few comments; his statement that social status and occupation cut no figure doubtless means no more than that there is no exempt class. He finds a constant sex ratio of three women to two men, which exactly inverts the tuberculosis ratio of two women to three men. He also adds that cancer of the stomach is on the increase in women as well as men.

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ORATION IN MEDICINE.

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TUBERCULOSIS CAMPAIGN AND SOME OF ITS ACCOMPLISH- MENTS.

By **Henry R. M. Landis, M.D.,**
Philadelphia, Pa.

The modern crusade against tuberculosis was launched nearly two decades ago. It may not be amiss, therefore, to briefly review the situation prior to this and epitomize what has been accomplished subsequently.

Medical history abounds in instances in which a pioneer worker has pleaded in vain with his own generation for the acceptance of a truth. Too often his efforts have been wasted and years later some student of the past discovers that what is a universally accepted fact was at one time advocated in vain. Tuberculosis offers many examples of this. The modern conception of the management of the disease which is now almost universally accepted was known and proclaimed in part or in whole by a few many, many years ago. Sydenham in the 18th century had the germ of the idea; McCormack (1830) followed very closely the present ideas; William A. McDowell (1843) strongly disapproved of the common practice of blood-letting and purging and advocated four meals a day, outdoor life and graduated exercises; Brehmer, frequently referred to as the father of the modern sanatorium treatment, began his work in 1859; Trudeau, the pioneer in this country in sanatorium treatment (1884), waited many

years before anything like a general acceptance of his ideas prevailed. Finally, as a matter of local interest, I might mention the case of Dr. Joseph Parrish of Philadelphia. He belonged to a prominent family of the Quaker Sect, was an abolitionist and one of the founders of the famous "under-ground railroad" which aided the escape of slaves prior to the Civil War. As a young man, in the early years of the last century, he contracted tuberculosis; feeling that he could cure himself, he spent a year in the open in the pine woods of New Jersey, making a complete recovery. Many of his colleagues doubted his having had the disease. After his death many years later an autopsy showed a large area in one lung which had completely healed.

Knowing that so many physicians scattered through the past had a fairly accurate conception of the problem, one naturally asks: "Why was this knowledge so long in being acquired by all of the profession?" The answer lies in the fact that an educational propaganda was unknown. It was only as the result of a prolonged and intensive educational campaign that we have traveled along the road as far as we have.

In spite of the fact that tuberculosis is and always has been one of the leading causes of death in every community, medical students until comparatively recently were being graduated with no knowledge whatever of the disease. I began the study of medicine in 1894 and during the three years I was a student I never heard a single lecture on the subject of tuberculosis nor was I shown a single example of the disease in the clinic. Fortunately or unfortunately, for myself, I had to acquire the disease some three years after graduation, to find out anything about it. And I may

add most of the men who have evinced any interest in the disease have been at one time one of its victims.

The pioneer work of the few who struggled for years received an impetus forward by the discovery of the tubercle bacillus. In the last ten years of the last century interest in the subject became more general and agencies for combating the disease slowly increased. Next to the foundation of the Adirondack Cottage Sanatorium by Trudeau in 1884 the next most notable advance was the foundation of the Phipps Institute in 1903, by Mr. Henry Phipps under the directorship of Dr. Lawrence F. Flick. As the latter said in dedicating his book to Mr. Phipps, this was the first large venture of the kind and was of the greatest value, if for no other reason than the publicity it gave to the subject. Several years prior to the foundation of the Phipps Institute, the idea of forming a national body for combating tuberculosis had been in the minds of some.

Finally in Philadelphia in 1904, following a preliminary conference in Baltimore in 1903, the National Tuberculosis Association came into being as the result of a meeting of distinguished tuberculosis workers from all over the country. The foundation of this Association was in many respects the most notable public health achievement ever undertaken in this country. It is the first organization which concentrated all of the available medical ability on a single disease.

Furthermore, the work of this Association has brought about a realization of the fact that tuberculosis is, more than any other disease, a social problem and that nearly everything that relates to the health of the public is included in the battle against it,—better housing, a knowledge of dietetics, occupation problems, etc. It, therefore, has been the source from which many other public health movements have been shaped.

I am not going to weary you with a recital of the number of tuberculosis agencies of one sort or another that were in existence two decades ago and the number that exists today. Suffice it to say the National Tuberculosis Association has extended its activities into every State, even more, there are relatively few communities of any size throughout the country which are not influenced to some degree by this great educational movement.

What effect these fifteen or twenty years have had on the general health is not easy to measure. There is one thing however, that serves to illustrate beautifully the effect of educational work intensively and persistently carried out. I speak of the almost universal practice at the present time, of sleeping in well-ventilated bed-rooms or even in outside sleeping rooms. The generation before us, and possibly a good many of those present, slept, as children, in a room with the windows closed and not infrequently a gas jet burning. Practically speaking, this has ceased to be. Open air is no longer feared and the knowledge of its health-giving advantages is recognized. In fact, many modern houses are so designed as to provide for an outside sleeping porch. This innovation furnishes another example of the influence of an educational campaign directed primarily against one disease and later adopted for others. The recognition that a disease which prevailing opinion associated with exposure could be benefited by an abundance of fresh air gradually led to its adoption in the management of other conditions, notably pneumonia.

Furthermore, it has revolutionized the ventilation of hospital wards. While there is still much to be devised, overheated and badly ventilated wards are becoming less and less common.

At the time the National Association was formed the almost universal opinion in regard to the treatment of tuberculosis was that a suitable climate was essential. Whether the patient could pay for a sojourn in one of the health resorts or not, this was recommended as the one means of being cured. While it is true that there were a few physicians who advocated carrying out the treatment in the locality in which the patient was living, this view was frowned down upon and home treatment was by the majority considered rank heresy. The possibilities of home treatment, nay the necessity for it in the great majority of cases, have been brought about by the crusade conducted by the National Association.

In regard to your own State, the first organization for the prevention of tuberculosis was the Anti-Tuberculosis Committee of the Oranges in 1904.

The New Jersey Association for the Prevention and Relief of Tuberculosis was established in 1906. In 1913 it was

reorganized. By this time local organizations had been formed in most of the large cities of the State so that at present it is really a league of local societies. In addition, since 1913, a large number of local societies have come into being in territory not previously covered. There are at present 38 local associations, definitely affiliated with the league and most of them have full-time executives.

New Jersey is to be commended as being among the first States to recognize the necessity for local county hospitals. Under the county hospital laws of 1910 and 1912, the league has developed 9 county hospitals and 4 city sanatoria. Until these county hospitals could be provided, several of the counties in the northern part of the State sent their patients to the White Haven Sanatorium in White Haven, Pa. Many of these patients have been under my care.

In addition to the county hospitals there is a State sanatorium and one private sanatorium furnishing in all 1,688 beds. Furthermore, there are 18 clinics and dispensaries, 5 camps, 2 preventoria and 40 open-air classes. Eighty-four towns and cities have public health nursing service, the number of nurses being considerably in excess of the number of towns.

The Tuberculosis League has made its influence felt in other directions. Through its legislative activity there have resulted a law directed towards the prevention of public spitting; the abolition of the roller towel and public drinking cup; better housing laws; improved factory conditions and the compulsory reporting of tuberculosis.

Granting that the death rate from tuberculosis has been gradually falling for the last half century, it can hardly be denied that all of the activities just cited have had an influence. In 1906, when the State Association was organized, the mortality was 196 per 100,000; in 1920 it had fallen to 114.

This brief review of the activities in your State with its provision for those actually ill and the enactment of laws designed to improve the general health conditions is representative of most of the country at large.

The record in your State is one you may well be proud of but there remains still much to be done if tuberculosis is to be reduced to a negligible minimum. I might mention several of the most im-

portant things to be accomplished.

1. What we understand today as Internal Medicine was made possible by the epoch-making work of Laennec. And when one recalls that this was accomplished through his painstaking study of tuberculosis, it is strange that the causative factors, the pathology, the symptomatology and the physical findings of this disease are so imperfectly understood by many practicing physicians.

Granting that the disease lacks the clinical interest of many other conditions, it must be apparent to every one that a disease which is so common in all localities and one that is responsible for a third of all the deaths between the ages of 25 and 45, must be understood in all its manifestations if the physician is to serve his community efficiently.

In the main the diagnosis is not difficult if one is constantly alert and keeps in mind the frequency of the disease and the fact that it apes many other conditions. To belittle the importance of an hemoptysis or a pleurisy or to treat a patient for bronchitis for months is inexcusable. Every patient allowed to drift along until he who runs may read the signs is a lasting reproach to the doctor.

I believe, not because I am identified with tuberculosis work, but because of my interest in preventive medicine, that every practicing physician should be identified with his local tuberculosis organization. If this were done, diagnostic methods would be improved and the health of every community would be improved because the tuberculosis problem touches every phase of the community's life.

II. It may surprise you to learn that this State has a very large Negro population. During the past decade there has been an enormous migration of the Negroes North and West. In considering the Negro problem it is generally regarded as one that concerns the South alone. More and more, however, it is one that many Northern States face. Pennsylvania with 284,000 in a total population of 8,720,017 (3.3%) has the largest number of Negroes of any State outside of the South. The major portion of Negroes in Pennsylvania is in the City of Philadelphia with an estimated population of 150,000. It is to be noted, however, that New Jersey has 117,000

in a total population of 3,155,900 (3.7%). Proportionately this is larger than that of Pennsylvania and it is also to be remembered that New Jersey is about one-fifth the size of Pennsylvania.

Only recently it was brought to my attention that the City of Camden has a Negro population of 14,050.

In view of the high mortality from tuberculosis among the Negroes and the corresponding high mortality rate it is obvious that any tuberculosis program which fails to make provision for this phase of the problem is inefficient. It is not a question of sentiment but one of necessity. It must be remembered that these people are constantly being brought into close contact with the whites in the capacity of domestic servants, laundresses, etc. Then, too, it is an important economic question.

For eight years we have been dealing with this problem at the Phipps Institute. Prior to that time we had very few Negro patients although situated in the midst of a large Negro population. As we failed with the ordinary means, we determined to try the experiment of using Negro nurses and physicians. The practicability of this has been fully established. The size of the clinic has steadily increased and the scope of the work has been greatly broadened. Starting with one nurse and one physician, we now have attached to the Institute eight colored nurses and four colored physicians. There can be no doubt but that this is the solution of the problem and any community which has a large Negro population would do well to put it in force.

The prevailing opinion is that tuberculosis in the Negro is incurable and that little can be done for them. Two recent reports are, therefore, of interest. The Metropolitan Life Insurance Company has shown that the death rate from tuberculosis among their policyholders (numbering 1,600,000) has dropped from 17.5 per 1,000 in 1911 to 13.2 per 1,000 in 1921. Dr. Carter of Virginia, who is in charge of a Negro Sanatorium, reports that the Negro is just as amenable to recovery in the early stages of the disease as the whites, providing he is given proper treatment.

III. Members of the profession in New Jersey have another important duty to perform in the tuberculosis campaign. There are a large number of manufac-

turing interests—several of which entail a distinct industrial hazard. The City of Trenton is the center of the pottery industry in this country and those living in or about Trenton know of the great frequency of pulmonary affection among potters. Within recent years a great deal of attention has been given to the subject of pneumoconiosis—a condition which results from exposure to inorganic dust. At the present time there is much to learn about this condition, particularly its relationship to pulmonary tuberculosis. The prevailing opinion is that the real hazard of the dust is the tendency of the worker to eventually become tuberculous. Whether this is true or not there is no doubt that constant exposure to inorganic dust does produce marked fibrosis of the lungs and does eventually incapacitate the worker whether he becomes tuberculous or not.

My interest in the subject began some years ago. The Potters' Union has for some years sent those of its members who had, or were thought to have, tuberculosis to the White Haven Sanatorium. In a paper I recently read on the subject there had been treated up to date some 90 cases. A thorough study of these dusty trades is needed for several reasons. First to determine whether it really does predispose the worker to infection with the tubercle bacillus and, second, to devise means to eliminate the danger from the inhalation of dust. And at the same time the danger of leading poisoning to which some of the workers are exposed should receive attention.

Aside from the question of the health of the worker the question is of economic importance. The crippling effect that may result to an industry is illustrated by the experience of the granite cutting trade in Barre, Vermont. The high incidence of pulmonary affections among this group became so great that the occupation received a bad name. As a result it was difficult to induce men to enter the trade. This became so serious that a thorough study of the problem involved was undertaken—the expense being shared by the National Tuberculosis Association, the employers and the workers themselves. As a result of this study many innovations were introduced to eliminate the dust. Had this not been done the entire industry would probably

have been ruined. While it is true that the danger is not quite so great in the potteries, it is true that far too many men have their wage earning careers shortened because of hazards peculiar to their trade and which could be removed entirely or greatly mitigated.

The State Medical Society could do no greater service than that of using its influence in behalf of studies of this sort. Another of my earlier experiences with industry in its relationship to tuberculosis was obtained also in this State. Some five or six years ago one of the northern counties of the State sent to the White Haven Sanatorium, in the course of a few months, a group of young women all of whom gave as their occupation that of cigarmaker. As you now this trade has a very high incidence of tuberculosis, in fact one of the highest, and this is usually ascribed to the injurious effects of tobacco dust. Personally, I had always doubted this, believing that organic dust had no effect on the lungs. I, therefore, determined to visit the homes of these women and also their working places. With one or two exceptions, they came from a small group of towns of recent growth. The hygienic conditions were vile and the living habits of the families of these patients were worse. In addition there was a low rate. The other side of the picture was the factory. This was all that should be—modern, well lighted and ventilated. Furthermore, there was no such thing as tobacco dust for the obvious reason that the manufacture of cigars from the beginning of the process to the very end requires that the tobacco leaves be moist and pliable. Nor is there any waste as the stems, loose ends, etc., are all sold and enter into the manufacture of snuff or smoking tobacco.

Here then we have two types of industry—one, the pottery, paying large wages but entailing a distinct hazard in the working place itself; the other poorly paid and entailing *per se* no hazard whatever.

The former requires certain definite preventive measures in the factory; the latter educational work in the matter of public and private hygiene and more important still—a health budget for each community sufficient to correct and enforce health standards. In several of the towns in which the cigarmakers

worked there was no health organization whatever. The wage question is one that is entirely outside the scope of the physician and sanitarian except insofar as they can show the effects of low wages on living conditions.

There are certain other problems connected with the campaign against tuberculosis which I might touch upon but time forbids. I hope I have given you enough, however, to show how intricate the problem is and how it reaches out in all directions. Every physician in every community throughout this State is directly concerned.

HAS QUININE A PLACE IN THE TREATMENT OF PNEUMONIA?

Read at the 156th Annual Meeting of the Medical Society of New Jersey, at Spring Lake, June 21, 1922.

By Charles J. Murn, M.D.,

Paterson, N. J.

A review of the literature of pneumonia shows that the subject has been so thoroughly covered as to pathology and treatment that it would seem that the last word had been said; but until we have a remedy for pneumonia as miraculous in its results as is antitoxin in diphtheria, and as easy to use, anything dealing with the treatment of this disease will continue to be of interest. Today in considering whether quinine has a place in the treatment of pneumonia, and stating at the outset that I believe it has, I am speaking from the point of view of the general practitioner, who, in spite of the tendency to specialization and "group medicine" still exists, and who is called to see the case at its inception, often before bronchial breathing can be heard, when the diagnosis of pneumonia rests on a rational basis.

In advocating the more general use of quinine in the early stages of pneumonia, and I refer specially to the lobar type of pneumonia, I am not underestimating the value and necessity of typing the sputum, and using Type I serum for Type I cases. The beneficial effects of the early use of this serum may be said to be now established, but its value in the later stages of the disease is questionable; some authorities even advising against it. However, it is not always

possible to have the typing done, and there is often a vexatious delay in getting the report, so that the serum has not come into general use. The mild cases do not seem to need the serum and in the later stages of the severe case the importance of not doing anything that might harm the patient makes one hesitate to use it.

The tendency to decry the use of drugs for some definite specific action is ill advised. To the general practitioner, the man in the field, the use of drugs, using the term drugs in the widest sense of the word, is essential: and their proper use is more beneficial and a greater help to the patient, than the readings, or manipulations, or thrusts, or adjustments of the various cults that would displace them.

Many drugs may be used for the symptomatic treatment of pneumonia but I believe, and this belief is of course based on clinical experience, that by the use of quinine the length of the disease is shortened, the temperature is lower, the prostration is less, the pulse and respirations less likely to be a cause of anxiety, and on the whole the disease runs a more favorable course.

In a disease like pneumonia, which has always been known to be very variable in its course and virulence, and which is due, not to one, but many different bacteria; deductions based on clinical experience with the use of a drug are open to many criticisms and could hardly give rise to certainty as to the value of the drug. Because of this, instead of narrating tedious clinical histories of cases apparently favorably influenced by the use of quinine, I am going to summarize the reasons why quinine, from what we know or think we know of its action, might be useful in the treatment of pneumonia.

No one will deny the specific effect of quinine in malaria, and we know that in regions where malaria is endemic many persons harbor the parasites without any clinical manifestation of the disease. Does not the onset of pneumonia allow the malarial organism to complicate the case and perhaps cause the pneumonia to be fatal. Again, attacks of malaria may simulate a pneumonia and this is especially the case in children. Osler (251) states that bronchitis is a common symptom in malaria, and Holt (1097) cites a case of malaria

where coarse rales throughout the chest and fine rales at one base seemed to establish the diagnosis of pneumonia, until a blood examination revealed the malarial parasites and quinine quickly effected a cure. The administration of quinine rids us of the menace of a latent malaria and quickly cures those cases which are really malaria. This may not seem to be scientific medicine but it is what the average man is doing and must do every day. Our treatment, at first, must be based on the history and examination; the laboratory reports and refinements in diagnosis come later.

Ethylhydrocupreine, or Optochin, which can be made from hydroquinine, and which is closely related chemically to quinine, has a specific bactericidal effect on all forms of the pneumococcus. "In vitro a solution of as little as 1:10,000,000 may be inhibitory to the pneumococcus and 1:500,000 is bactericidal. In serum this activity is reduced to one-fifth or one-tenth." We have in ethylhydrocupreine almost a specific medicine for pneumococcus pneumonia, but its detrimental effect on vision and the development of amaurosis from even a therapeutic dose has prevented its use. Drugs having a close chemical relationship have a somewhat similar action; and as I have already said there is a close chemical relationship between quinine and optochin. Dr. S. Solis-Cohen states that "all cinchona derivatives are powerful germicides against the pneumococcus," and he proves this experimentally by showing that the lives of animals infected with the pneumococcus or poisoned with Cole's pneumotoxin are prolonged by the use of cinchona derivatives. It seems reasonable to believe from this, that quinine preparations, when administered internally, have some bactericidal or at least some inhibitory effect on the pneumococcus; and that this action is of distinct and decided value in the treatment of pneumonia.

When I first considered writing this paper it seemed to me that the reports of the good effects of quinidin and even quinine in auricular fibrillation would be an added argument as to the benefit of quinine on the heart, but I find that this action is apparently dependent on a depressive effect on the heart muscle especially on the bundle of His. There is still some question as to whether the

chief action is on the muscle itself, diminishing its power, or on the nerves of the muscle diminishing its excitability or irritability. If we are to judge by the numerous reports of cases improved or cured by quinidin we must conclude that its action cannot be very detrimental to the heart muscle. Cases are also reported cured by quinine so that it has a similar though less marked action. In the early stages of pneumonia while it is impossible to state definitely that this action, this decrease in nervous irritability is beneficial; I do not believe, judging by clinical experience, that it is harmful. In the later stages of a severe case of pneumonia, however, where the integrity of the heart muscle is of prime importance quinine is unnecessary and because of this possible detrimental effect on the heart muscle would be contra-indicated.

Quoting from the text books (Bastedo) "Quinine lowers the temperature in fever almost entirely by lessening the production of heat. Metabolism is affected by very small doses even doses small enough to have no other effect. There is a storing up of proteins. Quinine has, then, the opposite effect to fever which is associated with excessive protein destruction. There is no evidence of incomplete oxidation of the nitrogenous products." Surely these effects are beneficial in early stages of pneumonia.

But besides the action of quinine as given in the text books, I believe that it either stimulates the pituitary to increased activity or has an action similar to this gland. During labor the administration of quinine causes increased uterine contractions. The action of the Liquor Hypophysis is the same though more marked. Not many years ago the medical treatment of thyrotoxicosis consisted chiefly in the administration of quinine as popularized by Forcheimer, and it had some effect. Now we are using pituitary gland with better effect. Experimentally we know that quinine decreases protein metabolism, while in thyrotoxicosis this is increased. Is the action of quinine directly inhibitory to the thyroid or its secretion, or does it stimulate the pituitary, which is in turn inhibitory to the thyroid. In any case we see the similarity in the action of quinine to that of the pituitary gland, and we know that it does slightly in-

crease arterial tone and we think that it increases intestinal and bladder tone. These actions may be perhaps slight, but they are beneficial, and I consider this action on intestinal tone very important, as intestinal distention is one of the worst complications in pneumonia. We can and do occasionally use pituitary extract for its effect on arterial and intestinal tone, but drugs with a marked action like the pituitary should only be used when this marked action is indicated. Their indiscriminate and frequent use is not advisable. Quinine is easier to give, is safer, and its less marked action is better for continued use.

There are some objections to the use of quinine. Everyone knows that there are some people who can not take even a small dose. If you doubt their word you can try a Von Pirquet skin test, using a 1:100 dilution. If this is positive it is better to omit quinine.

In cases of pregnancy with pneumonia even though I believe that quinine has a definite beneficial effect, I do not think that we should risk complicating our case by a possible premature labor, and consequently I do not advise, or use, quinine in these cases.

The number of the leucocytes and their activity are said to be diminished. This would seem to be a bad effect but I think that the specific bactericidal effect of the drug outweighs this detrimental effect on the leucocytes, and it may be, that this action is really a beneficial effect, in that it might tend to prevent the development of pus.

The coaguability of the blood is diminished. This is an undesirable action, and to guard against it I usually combine the quinine with calcium lactate. If the sputum contains bright red blood, quinine should not be given until the pathological report assures one that he is dealing with a pneumococcus infection. Even then it should be remembered that quinine decreases the coaguability of the blood and might increase the haemorrhage, thus provoking an oedema. The ordinary "rusty" sputum is not a contra-indication, though I think calcium lactate is indicated because it furnishes some reserve alkalies and should tend to prevent further haemorrhage. When the pneumonia is due to a streptococcus infection quinine is of little value, as it has not been shown to possess a specific bactericidal effect on

the streptococcus, and its effect on the blood and leucocytes make its use questionable. The sputum examination, therefore, cannot be neglected; because, it may be said that the only new thing in the treatment of pneumonia, is treatment based on the etiological cause.

As to the value of quinine we have the authority of some eminent clinicians whose names you all know and as I said, I am not going to bore you with clinical cases as they really mean so little. Each man as he practices medicine, no matter how ultra-scientific he may try to be, becomes convinced that certain remedies are useful in certain cases, and suffice to say that this is what I think of quinine in pneumonia.

As to the method of administration, in the average case I usually give either the hydrobromide or the sulphate of quinine gr. III in capsule form combined with calcium lactate gr. II. This is given every three hours. In those cases which begin with especially severe symptoms, I use the intramuscular injections of quinine and urea-hydrochloride.

In the later stages of a severe case the continued use of quinine is not advisable; because a multiplicity of medicines is bad therapy, other drugs are more important, and the possible detrimental effect of quinine on the heart muscle and its interference with leucocytic activity make it seem wiser to discontinue it. I make this distinction between the mild and severe case because in the mild case I have never seen any harm result from its continued use. And I believe that its early use will lessen the number of severe cases.

In conclusion, I repeat that quinine has a definite place and is a valuable drug in the early stages of all forms of pneumonia, except those due to the streptococcus: And this, because it rids us of the menace of a latent malaria, because of its effect on the temperature, its stimulating effect on the pituitary gland, its mild effect on arterial and intestinal tone, and especially because of its specific bactericidal effect on the pneumococcus.

DISCUSSION

Dr. Charles H. Scribner, Paterson: It seems as if no one who has listened to the paper just given by Dr. Murn can help being convinced that quinine has a place, and an important place, in the treatment of pneumonia,

especially lobar pneumonia. Personally, I must confess that I have used it very little until lately, when I have observed some cases treated with quinine during our joint service at the hospital. However, there are many reasons why I am still skeptical as to the great value of the drug in the routine treatment of pneumonia, which explain its non-use by myself. Some of these reasons have been given by Dr. Murn in his paper. In the first place, Professor Delafield used to impress upon his students that no drug should be used for the fever of pneumonia, that high fever should be controlled in other ways. It has seemed to me, as a result of observation, that my pneumonia cases did the best that were given the fewest drugs possible, using them only when especially called for during the progress of the case. Unless there was latent malaria present in an individual with pneumonia it seemed to me that quinine could be classed as an unnecessary drug. Quinine, at times, does interfere with digestion and produces nausea, and in a self-limited disease like pneumonia, nothing that interferes with digestive processes should be used. Then again, there is the danger, in the routine treatment of pneumonia by quinine, of giving it to a patient who is poisoned by the smallest dose. A quarter of a grain will give a susceptible person tachycardia and shortness of breath, when in good health. If given in the first stages of pneumonia the result would be almost surely fatal.

Of course, I realize that in many cases quinine has a beneficial effect on the secretion and motility of the stomach and intestines, and, as Dr. Murn states, it helps to reduce distressing distention of the intestines, but if care is taken in the feeding, and the avoidance of unnecessary medicine, these distressing conditions seldom develop. Hare states that the physician "must be the watchman all the time, and the therapist only when treatment is actually needed." In Osler it observes that "undoubtedly one of the most salutary events, so far as treatment is concerned, was brought about by the Vienna School of Therapeutic Nihilism, inspired by Skoda. As a result of its doctrines, the fact was thoroughly established that pneumonia is a self-limited disease, with a natural tendency toward recovery, and that nature can do more for the patient than the routine application of any one method of treatment indiscriminately applied. Also, in conclusion, quoting from Musser and Norris: "The historical consideration of the treatment of pneumonia offers a gloomy retrospect, the sombre hue of which is not much lightened by the contemplation of the present. Ever since the days of antiquity, pneumonia has been observed and studied, while one method of treatment after another has been vaunted with enthusiasm, only to be abandoned in despair; the disease meanwhile pursuing the even tenor of its way, with scant respect for the methods employed against it." In my opinion, quinine, as with other drugs, should only be used when especially indicated, and not as a routine treatment in the case of pneumonia.

Dr. Gordon K. Dickinson, Jersey City: When you sit by the side of the bed of a person that you see has pneumonia you are compelled

to ask yourself, what is this disease? The great expression of the pathology, naturally, is in the lobule of the lung, and most of the symptoms are expressed through that way. But we do know that the mucosa of the stomach and intestinal tract shows a pathology; that the liver invariably begins to degenerate; that the spleen takes on changes; that the adrenals, under the microscope, show the strain. We know more than that; we know that there is a psychic application, worry and mental strain. So, in the treatment of pneumonia we must consider not only the lung, but every tissue in the body, and we must consider the person's mentality. Now we are very much handicapped in therapy. It so happens that pneumonia is my vocation; I have had a number of attacks of this disease. I was given up by the elder Flint in the first; by Loomis in the second, and by Janeway in another. Why did I recover each time in spite of closed windows in one attack, and more oxygen than I could take a bath in, in another? It is because when I get sick I can sleep. That is one of the important properties of quinine. The majority of people, if you quickly cinchonize them, go into a delightful moist slumber—not the drugged sleep of morphine or of a person who seems to be poisoned, but a natural, delightful slumber for several days. Ten grains of quinine in solution should be given for several hours, in several doses, if the patients are inclined to be wakeful. This will have an effect that will clearly show that sleep is the great cure for pneumonia. We know that the heart is prone to show failure, due to degeneration only in slight part, but more to strain; and the late war has shown numerous cases in the camps that proved that to too quickly digitalize a patient is not a bad thing. It is a good preparation for what may happen at the end of the third and the beginning of the fourth day. The death rate of pneumonia in large groups was 25 per cent. until we started to open windows; so if you freeze our your nurse and have plenty of moving air, it is a good thing. It is not the oxygen or any other special property of air itself that does the good; but, as Bell has shown, the nerve of the face is an organ of respiration. If we get the air blowing over the face of the sick person, he has a sense of comfort and has less trouble in respiration. But the air does not blow on the face if the nurse puts a screen up between the window and the patient. It must be live, moving air. The treatment of pneumonia must not be over treatment, but treatment with moving air, water and digitalis, if necessary.

Dr. Edward B. Rogers, Collingswood: I have had considerable experience in the treatment of pneumonia with quinine, from 1917 to the present time. Before I used quinine, most of my lobar-pneumonia cases died, but since then most of them have recovered. That is the reason that I use it. During that period I have treated these patients with quinine, except while I was away in the army, when I could not get it. I use it in the form of quinine di hydrochloride, and I find that it must be given in considerably larger doses than the writer of the paper has spoken of. I give fifteen to twenty-five grains at the first dose, hypodermatically, and

repeat the dose in from six to ten hours, if the temperature is above $102\frac{1}{2}$. Out of twenty cases in the four winters I have had a mortality of one. The patients recover by heart action is better and, on the whole, the lysis, and the prostration is less severe, the patients do better than with symptomatic treatment. I practice digitalizing the heart in the first period, if I make a diagnosis of pneumonia, because I think that is a proper preparation. I use the hydrochloride of chloride, because the former is already in quinine, rather than quinine and urea hydro-solutions in ampoules of fifteen grains, and is not so likely to produce abscess formation, such as you get when using quinine and urea hydrochloride.

Dr. William F. Chandler, South Orange: Apropos of this present discussion, I should like to remark. In cases of hay fever with no pneumonia impending, I am very cautious about giving quinine. I have seen several cases with cough and hay fever in which I suspected pneumonia, and in which a dose of quinine was followed, within twelve hours, by decided consolidation and evidence of that disease. I know that I have observed this several times in my hospital experience.

Dr. Charles J. Murn, Paterson, closing: Being associated with Dr. Scribner in hospital practice, I noticed that he was not much in favor of quinine in pneumonia cases. That was my reason for reading the paper. If everyone used it there would be no sense in telling you how good it is. Because my associate was not in favor of it, and others I knew did not use it, I thought it would be a good subject to bring before the Society. I mentioned, in the first part of the paper, that we should not decry the use of drugs, because they are necessary to the general man. If you make a diagnosis of pneumonia, you may use hydrotherapeutic measures or icecaps, but the question is: Are you going to give drugs or not? I do not believe in the waiting treatment. I believe that quinine is a very valuable drug in these early stages of pneumonia. Regarding its effect on the temperature, concerning which Dr. Scribner quoted Dr. Delafield, I would say that I think that the latter had reference to other drugs, such as antipyrin, which really have a bad effect on the heart and interfere with oxidation. Quinine lowers the temperature by lessening the production of the heart and by preventing protein destruction. Unfortunately, some people cannot take quinine. If they have, I do a skin test, if I feel that I want to use the drug—an ordinary v. Pirquet skin test, as if for asthma. With regard to the dose, I know that much larger doses are used, and hypodermically. I did not intend, in this paper before the Society, to go much into dosage. The question is: Is quinine valuable or not? I believe that it is. The dose will depend on the belief of the man. If he gives ten grains of quinine, as Dr. Dickinson has suggested, it is up to the individual medical man. The general man in practice, seeing a case, is more likely to prescribe something that can be administered by the attendant. Regarding Dr. Bergen's question as to the indication for the discontinuance of quinine in the later

stages, when large doses are given, they are usually given for four and eight doses and then discontinued. I use smaller doses over a longer period and begin early with small doses of digitalis. While there is no hard and fast rule as to when the quinine should be discontinued I believe that the same indications causing me to increase the digitalis applies to the discontinuance of the quinine.

WHEN NOT TO OPERATE; OR WHEN TO OPERATE WITH RESERVATIONS?*

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In attempting this paper, I had intended merely to put down a few points which I had adopted for the guidance of myself and associates in our hospital work, supplemented by a brief review of recent literature and discussions with other surgeons. But in going over the literature, I find the subject so enormous as to be entirely without the scope of so limited a paper. It will, therefore, only be possible to touch on a few of the more important conditions which are commonly met with in general surgery, and which often require a prompt decision.

To not operate on a case referred to you for operation, requires much more courage than to go ahead. I find the differential diagnosis and the selection of cases much more important than the actual mechanical work of the operation, even though the keenest judgment may sometimes be called for during the procedure. The performance of an operation appeals most strongly to the intern and very young surgeon, but this is but a small part of surgery, the selection of suitable cases, determining when to and when not to operate, just what to do, and the post-operative treatment, forming the greater part of the duty of a modern surgeon. Undoubtedly there has been some hasty and ill advised operations, and some have been performed without carefully weighing the chances of the patient, and subjecting him to every clinical and laboratory test that might aid in establishing his fitness for operation or the necessity for same.

It is not unreasonable to assume that the time is coming when our better Hospitals and Clinics will insist, that no surgical operation be attempted on any patient without a thorough working up of the case and a review of same by competent authority, to determine the necessity for and the timeliness of same. When this time comes, surgery will be put on a much higher plane, our mortality will be much lower, and the percentage of failures following operations will be materially reduced. Medicine and Surgery are not exact sciences. Each case must be weighed separately, carefully considering the necessity of the operation and the chances of relief for the patient. The exploratory laparotomy of a few years ago, is today a rare procedure in a well equipped hospital, where ready consultation and diagnostic methods are available for making fairly certain beforehand, what is to be encountered, and what line of treatment should be followed.

But there are certain well-known general principles and rules, which, if adhered to in the average case, will give us the largest number of recoveries, and a lower mortality rate. The main purpose of this paper is to emphasize a few of these points. Among the conditions most commonly met with, and which contraindicate any but the most urgent of operations, may be mentioned old age, senility, emaciation, advanced pregnancy, diabetes, shock, advanced cardiovascular-renal disease, syphilis, history of a recent cold or recent upper respiratory affection, and operation during the prevalence of epidemics. I have in my own experience seen unfortunate results from all of the above causes.

Every case, before operation, in addition to a routine physical examination, should have a careful urine analysis, a blood pressure estimation, and theoretically at least, a blood Wassermann if time will permit. These are simple and practical tests, and do not plunge us too deeply into physiological chemistry or overtax the facilities of the ordinary laboratory. In specific instances other tests may be advisable, and will be touched upon in considering special subjects. By applying these tests, we may feel comparatively sure that we are not going to have such post-operative complications as uremia, diabetic coma, shock, cerebral hemorrhage, and delay-

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ed healing. In case of positive findings along any of the above lines, operation should be postponed, if possible, to try and improve the condition, or if urgent, the case should be done under local, spinal, or gas oxygen anesthesia. There can be no question but that Crile's method gas oxygen combined with local infiltration anesthesia, results in the least possible shock, but it is an actual fact, that while his methods are universally approved, they are not generally applied. One of the reasons is the fact that gas oxygen, unless given by an expert, and by this I mean a specially trained man of large experience, is a much more dangerous procedure than is the administration of ether. This is a personal observation, but one which I have often confirmed in discussions with other men.

Shock.—It is now generally accepted that no one should be operated upon while in primary shock, except those rare cases of internal hemorrhage. Such concealed hemorrhages, which might escape detection clinically, may be shown by a steady decrease in the Hemoglobin percentage and in the red blood cells, readings being taken every hour or every half hour, as the urgency of the case seems to require. In crushing wounds and severe abdominal contusions, where it is a question whether we may have a ruptured liver, spleen or kidney to deal with, we make it a practice to have frequent Hemoglobin readings and are guided accordingly. The average shocked patient before operation should be kept warm, have his head lowered, given morphine by hypo, saline or whole blood by intravenous, and warm water or coffee by rectum, until his blood pressure becomes at least 90. All patients who are operated upon with a blood pressure under 70 will die. This was an observation made in war surgery, but Dr. Chas. Ill informs me that he has seen recovery following operation in a case of ruptured ectopic whose B. P. was under this figure. Where the shock is due to hemorrhage, nothing can compare with or take the place of whole blood transfusion, as it has been recently proven that it is the actual corpuscles that the patient needs in these cases, more than the fluid volume.¹ Another valuable rule in reference to blood pressure is that a pulse pressure under 20, or pulse pressure greater than the diastolic pressure, should be a contraindica-

tion to any but the most urgent of operative procedures.²

Regarding **operating during** or soon following **Acute Respiratory Affections**, Cleveland,³ in an analysis of a series of cases of post-operative pneumonia at the Presbyterian Hospital, N. Y., reached the following conclusion. Except in emergencies, do not operate where there is a history, within two weeks, of cough, rhinitis, tonsillitis, or pharyngitis. In emergency cases of this type, local or gas oxygen anesthesia will be found to be the least objectionable, and less likely to be followed by pneumonia.

During **epidemics** of contagious diseases like the recent influenza outbreak, it is advisable to postpone all operating, except the real emergency cases. These selected cases should be carefully examined, to diminish the chances of operating upon a beginning, active, or uncured case, and resulting in an otherwise simple case being complicated with embolism, phlebitis, peritonitis or broncho-pneumonia. Faure⁴ and others have found most unexpected and virulent infections, occurring in otherwise clean cases operated upon during these periods. These infections have either been contracted directly or through the blood stream.

The desirability of a **Blood Wassermann** before operation cannot be questioned, as syphilis has been held to be responsible for slow or non-healing of wounds, and in some cases for the bursting open of abdominal incisions with disastrous consequences. At any rate, a Wassermann should be done in all cases of contemplated bone surgery, and in all chronic suppurations. A case particularly in point will be cited. Shortly after the war, a woman of 45, who had once been a patient at a hospital where I was connected, came to me with a suppurating wound of the right wrist. She stated that a swelling had formed there, which had been opened and the bone scraped on two occasions, at a local hospital. I took a Wassermann which was returned 4 plus, and the area healed in two weeks under anti-syphilitic therapy. Irrespective of the Wassermann findings, in all cases of delayed union in fractures, it has become our custom to administer mixed treatment. This often obviates the necessity of a bone graft. A case in point is that of a man, age 48, who was referred to me several days following

a transverse fracture, with overriding of both bones of the right forearm. Attempts at reduction being unsuccessful, operation was performed, and the bones placed in alignment, being retained in place by kangaroo tendon sutures. At the end of five months there was only fibrous union, with very little callous. Wassermann was negative. Inside of three weeks, under anti-syphilitic therapy there was comparatively firm union, and in six weeks it was solid. This is but one of a number of such cases that we have observed, so that it has become a rule to give mixed treatment to all cases of delayed union in fractures, proper approximation of the fragments having been first attained.

Special Indications.

I will now attempt to point out the contraindications for operation in a few specific instances, laying stress on some points which we have found of particular value in differential diagnosis, or in the selection of cases which must not be attempted under ordinary ether anesthesia.

Fractured Skulls.—Sharpe⁵ has most admirably laid down a most useful and simple set of rules, for operation or no operation, in cases of head injury. The mere fact that there is a fractured skull, is no indication for operation, unless it is compound, depressed of the vault, or accompanied by signs of intracranial pressure as shown in the pressure of the cerebro-spinal fluid and in the retina. A pressure of over 20 m.m. of mercury in the spinal fluid, with ophthalmoscopic evidence of oedema of the optic discs and engorgement of the retinal vessels, denotes increased intracranial pressure, and these cases should be operated upon and decompressed without delay. Operation should not be performed on head cases if in shock or collapse, or on cases with Cheyne-Stokes respiration, shallow rapid respiration, or in other cases quite evidently moribund, because such operations are useless, and only tend to discredit all brain surgery. While the x-ray should be used in all head injuries, as a matter of interest and record, it is not of much importance in determining the treatment to be followed, as head injuries, without fracture, may cause death due to oedema of the brain, sufficient to cause medullary compression with oedema and fatal outcome. The active co-operation of the ophthalmo-

logist or the intelligent use of an ophthalmoscope by the surgeon, is essential to the proper treatment of this class of cases. The important point in the average case is, "Is there an increase in the cranial pressure or not?" If not, and there is no depression over an important area, do not operate, even though the fracture extend from ear to ear, and from orbit to occiput. We are endeavoring to follow out the above rules which Sharpe has laid down, and I believe on mortality in head cases will show a decided improvement. In the past 2½ years there have been 69 skull fractures admitted to St. Michael's Hospital, and of this number only 15 were operated upon. The total mortality was 41%. That of the inoperated cases was 33%, and of the operated cases 66%.

The advisability of operating in cases of **Fractured Spines** occasionally confronts us. Laminectomy, with removal of fragments and examination of the cord, while theoretically correct is a most unsatisfactory procedure at the best, the improvement observed following, being probably no more than could be ascribed to a cord recovering from shock after partial division. In the cases that I have done, I cannot boast of much success. But in the past year, we have, by extension and external manipulation, reduced two cases of fracture of the bodies of dorsal and lumbar vertebrae, showing marked kyphosis. It is probably not out of place to mention here, that catheterization, formerly so frequently performed in these cases, and for that matter in all cases not voiding regularly, is to be condemned. Unless the retention is excessive, and is unrelieved by morphine and hot applications, the patient is much better off without this instrumentation. I do not wish to be interpreted as advocating delay in operating upon fractured spines with quite evident pressure on the cord, but I believe that many useless operations could be prevented, if these cases were more carefully selected, in view of the x-ray and clinical findings.

In **Ordinary Fractures**, I believe that open operative methods should be used but very rarely, and when necessary, they are generally due to delayed or inadequate treatment in the beginning. We have recently been practicing reduction under the fluoroscope, with very gratifying results, and if the case can be

seen sufficiently early, and properly reduced and retained, it will be the exception to have to cut down and drill, or graft, or plate the fragmenta. Even in our compound fractures, a thorough disinfection of the parts, with reduction and retention, and constant surveillance, appear to give better results than debredmont, plating and Dakinizing, which were so essential in war surgery.

Sequestra.—It is pointed out by McCurdy⁶ and others that we should not be too quick in removing bone sequestra. Sufficient time should be allowed to elapse until new bone has regenerated far enough to maintain normal position and perform the normal function of the destroyed bone, before removing a sequestra. This is strikingly shown in some of the long bones, and in the severe finger infections with osteomyelitis of the terminal phalynx. With time and sufficient drainage, the dead bone can be lifted away, and if the epiphysis has not been removed, a new bone may regenerate. I have seen a number of fingers saved by such methods, when amputation had been advised. One case, in particular, I would like to quote. This I reported in the A. M. A. Journal with Roentnograms several years ago.⁷ There was an infection of both thumbs in a young girl, with osteomyelitis of the terminal phalanges. The sequestra were allowed to separate spontaneously, drainage being maintained all the while. There was a complete regeneration of the phalanges, which were shown by x-ray pictures taken two years later, and no resulting deformity. I would advise against too radical surgery in finger cases.

Appendicitis.—After several years of rather indiscriminate removal of appendices in cases complaining of right iliac pain, every surgeon, in spite of the fact that the pathologist rarely if ever reports an appendix specimen normal, has, in his list of post-operative patients, cases who are not cured, and he realizes that he has not properly diagnosed and treated the case. Almost every surgeon has at some time gone in for an acute appendix, when the real cause of the symptoms was influenza, beginning, pneumonia, diaphragmatic pleurisy, acute gastritis, ureteral calculus, fecal impaction, dysmenorrhoea, onset of menstruation in a girl about puberty, tubercular peritonitis, floating kidney, perinephritic

abscess, salpingitis or any number of other rarer conditions. Regarding when not to operate upon cases simulating acute appendicitis, often all the diagnostic means available in a modern hospital must be called into play, and in the end, in some cases, we must be content to say it is or is not a surgical abdomen, and go in prepared to meet a ruptured ulcer, cholecystitis, acute pancreatitis, intussusception, strangulation ovarian tumor or any of the less common acute conditions. It is our rule, in these cases, in addition to a careful history and physical examination, to have a catheterized specimen of urine examined, and a white blood and differential white blood count. The classical symptoms of generalized pain, followed by local pain, fever, nausea, vomiting, tenderness and rigidity over McBurney's point, are not always present. When it is considered that the appendix can occupy almost any position in the abdominal cavity, and that from 30-40 per cent are retro-cecal, the eliciting, or failure to elicit tenderness over McBurney's point, is not of itself conclusive. Temperature is also a very misleading item in the diagnosis, as some of the worst cases of the fulminating type, show practically no fever. Pain due to inflammation is increased by pressure and this is a valuable sign. Each case should have a rectal or vaginal examination as a routine, and a careful examination of the chest. A history of previous attacks is of great assistance in diagnosing an acute case. Of all the symptoms of acute appendicitis, I lay the greatest stress on the nausea and vomiting, and am very careful about confirming a diagnosis when this symptom is absent. With a negative urine, a leucocytosis, with relative increase in polynuclears, and undisturbed pulse respiration ratio, with a history of abdominal pain localizing in the lower right side, fever, nausea, vomiting, deep tenderness and rigidity, there can be no question of the diagnosis, and the advisability of early operation. But if the case is not seen early, I mean by this in the first three days, and if the symptoms are subsiding, I believe the best plan is to delay operation, keeping the patient under observation all the time, and do an interval operation a few weeks later. There is more danger in an appendix operation at this late acute stage, than there is in delaying and continuing to ob-

serve a case where the symptoms are abating. The danger lies in the necessary breaking up of adhesions and spreading of infection during the search for the offending organ. A sudden abatement of pain and other symptoms however, is often a sign of rupture, and in these cases operation should not be delayed. I am convinced that if accurate statistics were available on these late acute cases that come to operation, that there would be a little more conservatism in this particular class, where the symptoms are not severe, and are gradually subsiding.

Where vomiting is the first symptom, the case is probably not appendicitis, and I can conceive no more humiliating position for a surgeon to be placed in than that of having the patient present him with a ureteral calculus several days or weeks following an operation for acute appendicitis.

The similarity between some cases of influenza or right lower lobe pneumonia with diaphragmatic pleurisy and appendicitis has been impressed upon most of us, irritation of the eleventh intercostal nerve, in particular, giving pain in the appendix area. An internist of wide experience may be able to detect all of these cases by chest examination. It has been my experience that it is rare to get a case of acute appendicitis without leucocytosis and a respiratory affection is suspected in a case without leucocytosis, with a decreased pulse respiration ratio, an absence of vomiting, a slightly cyanotic condition of the face, or catarrh of the upper respiratory passages, and we delay operation. These will very seldom be cause for regret in delaying operation for a few hours, and in this period the chest signs maybe prominent enough to be detected by the average examiner. Other medical conditions that may simulate appendicitis, and which may be ruled out or confirmed during this delay, are acute gastritis and enteritis, gastric crises of locomotor ataxia, pyelitis, and the list of conditions previously mentioned. These conditions as a rule do not give rigidity, the typical vomiting and diarrhoea of the gastrointestinal cases helping to differentiate them. In men past middle life, with sudden abdominal disturbances, it is always well to look for the absence of pupillary and patellar reflexes in an endeavor to find tabes. Such cases of gastric crises are

not infrequently sent into every large hospital, with a diagnosis of acute appendicitis or ruptured gastric ulcer. I have seen two on my service at St. Michael's Hospital during the past year. Pyelitis or preteritis are also very frequently seen, the urine examination and absence of typical symptoms of appendicitis confirming the diagnosis. In the exceptional case where we are not convinced of our diagnosis a barium enema and x-ray will often straighten out the case, but the impracticability of this procedure, in every case, is obvious. Besides, if we depend too much on such special aids our powers of perception are liable to wane, and we will become sluggish. At this point I would like to quote a case that might not have been diagnosed but for the x-ray. An intern complained off and on for a month of not feeling well, vague abdominal discomfort, some nausea, occasional diarrhea, low grade fever and lassitude, abdomen not definite. Blood count was normal and urine negative. I went over him rather carefully and decided that he had a gastro-enteritis due to dietary indiscretions. X-ray however, showed appendicitis, and operation by Dr. J. F. Hagerty confirmed that he had a subacute appendicitis with signs of previous attacks. I was preparing this paper at the time and felt quite confident of my ability to diagnose appendicitis, but I fell down in this case much to my chagrin. It serves to illustrate the fact that no positive rules for diagnosis can be laid down.

Chronic appendicitis, such a frequent cause of digestive disturbances, is a different proposition than acute appendicitis, and should be diagnosed with the utmost care. Gibson,⁸ in reporting on a series of several hundred operations for supposedly chronic appendicitis at the New York Hospital, shows an unsatisfactory or unimproved condition in over 20% of the cases, and advises in endeavoring to avoid such disappointing results, that more thorough examinations be made, utilizing all the refinements of diagnosis at our disposal. He particularly advises caution in operating too quickly on women complaining of pain over the appendix area, and of endeavoring to obtain a clear history of well-defined attacks with localized pain, nausea and vomiting. At an operation for chronic appendicitis, we should al-

ways make a good sized incision and may be co-existent, even when the appendix shows definite pathologic changes. In the diagnosing of a very questionable case, the x-ray may have to be utilized, but as previously remarked, it is bad form to rush every case to the roentgenologist.

Empyema.—In empyema cases, we should always have a laboratory report on a sample of the pus, and submit the patient to a rigid physical examination before considering my radical operation. In pure pneumococcus empyema, following pneumonia, in spite of some opinions to the contrary, I have proven to my own satisfaction that simple aspiration and irrigation of the pleural cavity, without drainage, will cure a large percentage of the cases. You can always do a resection later if the case is not doing well. Where there is a mixed infection, and the opposite side is clear, operation is clearly indicated, but operation should not be performed if there are any rales, denoting that the pneumonia has not resolved. I consider it a real life saving expedient to aspirate repeatedly, if necessary, in certain cases, and delay operation until all signs of pneumonia have subsided. The patient maybe thus tided over a critical period, preserving all of his respiratory function, avoiding pneumothorax and collapse of the lung, and the shock and trauma of the operation, until he can better stand it. I should like to add here, that our mortality in empyema has been markedly lowered since adopting these measures of delaying radical surgery until all signs of pneumonia have disappeared, and then, in the cases showing a mixed infection, operating with local anesthesia, with the patient sitting up astride a chair, with the arms over the back of same. We thus get a maximum separation of the ribs, a maximum drainage, minimum respiratory embarrassment and minimum shock.

Gangrene.—In gangrene of the lower extremity, met with in the aged, we are often confronted with a condition that has taxed the patience and skill of the best. Personally, I do not believe in early operation in these cases, but dress the part frequently, keeping it elevated and warm, and wait for a line of demarkation. Then the dead tissue can be removed with forceps, using suitable instruments for cutting through

tendons or bone. In the presence of a rapidly spreading gangrene however, with exhaustion and fever, operation should not be delayed, and rapid amputation, high up under spinal anesthesia, gives the patient the best chance of life. We have dissected out the femoral artery, looking for good pulsation, and amputated above the point, with only a fair degree of success. The conservative treatment of these cases show the best final results with the lowest mortality.

Gas Bacillus Infection.—In gas bacillus infection of an extremity, of which I have seen three cases recently in civil life, the best available men with experience war surgery should be called into consultation, as amputation can often be averted, and the case saved, by removal of certain muscles or groups of muscles, long multiple incisions and the administration of the serum now available. We are taking advantage of the fact that the cases seen in civil life are not of the same degree of virulence as those seen in Europe during the war. Of course, if the entire circumference of the limb is involved and the circulation is impaired, there is no alternative but amputation. I will cite a case where amputation, at first thought necessary, was averted. A railroad engineer received severe lacerations of the legs and arms with a compound fracture of the left forearm, when a shaft of his engine broke and permitted the hand lever in the cab to thresh back and forth. The wounds were carefully debrided by me and Carrel Dakin treatment started. Myself and associates remarked at the time on the similarity between the wounds and those seen during the war. Two days later there was a rise of temperature and pulse, and crepitation was present up to the shoulder, with swelling, brown skin and the typical odor of a gas gangrene. Cultures later substantiated the diagnosis. Amputation was decided upon, but preliminary incisions around the arm showed that only a part of the forearm flexors, subcutaneous tissue and biceps were involved, the remaining muscle, being of healthy color and contracting upon cutting. The involved area was excised down to healthy muscle, the skin and fascia laid widely open by multiple long incisions. Carrel Dakin treatment started and gas serum administered. The case made an unin-

interrupted recovery, and is cited to show that often even in severe gas gangrene, the extremity does not need to be sacrificed.

Reamputation. — Experience in war surgery has also shown that it is unsafe to do a reamputation for the purpose of obtaining a more satisfactory stump, or to do any surgery on an extremity, for at least six months after the original injury has healed. At least we should wait until all signs of oedema has disappeared, as this oedema means that the tissues are still harboring some latent infection, which is very liable to become active and retard or defeat the purpose of the secondary operation. While on this subject of lesions of the war, it is perhaps unnecessary to reiterate the fact that punctured wounds of the abdomen, not operated upon in the first twelve hours, do better without any operative interference. Nature has already walled off the area and sealed the perforations, or peritonitis has developed to such an extent as to render operation useless.

Gastric cases should not be subjected to operation until medical treatment has been given a fair trial, or the patient has become tired of the rigid diet and care necessary to his comfort. A Wasserman should be done and careful consideration of the possibility of syphilis should always precede operation. By consultation between internist and surgeon, and a careful selection of cases, the disappointments following gastro-enterostomies would be largely obviated. Kummer⁹ states that 88% of ulcer cases are completely cured by gastro-enterostomy, while Percy¹⁰ claims that a large percentage are relieved by medical treatment, if they will agree to live under reasonable conditions. In carcinoma of the stomach, x-ray is of the greatest aid in estimating the operability of the lesion.

Cholecystitis.—In cholecystitis in the aged, or when operation is contraindicated for any of the reasons previously enumerated, it is advisable to attempt drainage of the biliary tract by the duodenal tube treatment. In spite of arguments, pro and con as to whether it is possible to actually drain bile from the gall bladder by this method, it has nevertheless been proven that a very large percentage of cases can be markedly benefited by this treatment. A brief re-

view of some of our operations upon this class of cases by any one of us would readily show, cases in which this very novel and modern method would undoubtedly have been of great value. I would like to call attention to the inflation of the abdominal cavity with oxygen and then taking roentgenograms as outlined by Stein and Stewart.¹¹ This is an excellent method of outlining and studying the solid viscera, and organs not seen in the usual gastro-intestinal series following the opaque meal. Viscera may be made out very clearly, and the method should receive consideration in our difficult diagnostic problems that have baffled the clinician. It may be of the greatest assistance in localizing lesions before operation or in recognizing malposition of organs.

Omentopexies for hepatic cirrhosis should be only undertaken after a careful selection of cases.¹² It should not be done on patients over 50, or on those who are undernourished, have severe nephritis or cardiac lesions, nor in case of sudden onset. The best cases for operation are those that have been tapped several times and which are not of the hypertrophic variety of cirrhosis. Operation upon such selected cases is of great benefit, but if done indiscriminately the mortality is so high as to exclude any interference outside of the tapping and supportive measures.

Strangulated Hernia—I would like to say a word regarding operation upon obstructed or strangulated hernias, met with so frequently in our hospital work. Operation is the only treatment, but it should be done under local anesthesia always preceded by gastric lavage which may have to be repeated during the procedure. When one has seen a robust man with a strangulated umbilical hernia, practically drowned in his own vomitus, while under a general anesthetic, he will hesitate to operate in this class of cases without observing the above rules.

Ileus—A novel treatment for postoperative ileus, the horror of all surgeons, is reported by Condon, of the Nicholas Senn Hospital¹³. His recent cases have all responded to gastric lavage and the injection of 2000cc of Ringer's solution and 500cc of air into the peritoneal cavity, through a needle inserted just below the umbilicus. This makes the peritoneal cavity an artificial

instead of a potential one, and displaces the intestines upwards from the pelvis, thereby relieving any pull on the mesentery, which he considers a causative factor. I have not tried the method, but believe that it has some merit and should be considered when these cases are met with. The indications at the first sign of vomiting and distention are for gastric lavage, pituitrin, eserine and enemas. Only when all of these methods fail should enterostomy be performed, and then under local anesthesia, after first attempting to determine by X-ray and barium enema pictures of the colon whether the obstruction is from mechanical causes. Ochsner¹⁴ states that post operative ileus has disappeared from his clinic since leaving a standing order for gastric lavage at 110 degrees F. on all cases of nausea and vomiting following laparotomy. I have been ordering a pint of warm water by rectum every hour in my own post operative abdominal cases in the last two years. This adds greatly to the comfort of the patient, relieves gas, allays thirst and diminishes the chance of vomiting. None of the patients receiving this treatment have suffered from ileus, and it has seldom been necessary to do gastric lavage for vomiting. I do not know of any procedure that adds more to the comfort of a post operative case than this water by rectum, combined with enough morphine by hypo to keep the patient comfortable.

Malignant Disease—There can be no question that malignant disease should not be attacked surgically unless it is possible to eradicate the entire area and associate lymphatics, and in all cases, should be preceded and followed by deep x-ray or radium therapy. In these cases the type of tumor, situation, direction of extension and condition of the patient must all be carefully weighed before outlining any plan of attack. Ray therapy is just in its infancy, and it is very probable that surgery in malignancy will shortly be relegated to a very inferior position.

Breast Tumors—Bloodgood¹⁵, in a recent article, states that he has advised against operation in 50 per cent. of the recent breast tumors referred to him. He does not consider the following conditions, per se, as indication for operation—Pain in a breast, painful sears, discharging nipple, multiple tumors and tumors in women under 25 years of age.

Neither is a retracted nipple an indication for operation, unless it be recently contracted, nor is an eczematous ulcerated nipple, unless it resists simple treatment for a few weeks. In all breast tumors, palpation is the most reliable single aid in diagnosis, and should be carried out with the patient lying prone, and with the arms raised over the head. A malignant tumor of the breast usually bulges, is visible on inspection and is single. In women under 25 there is no danger in waiting and observing a tumor, as cancer of the breast has not been demonstrated in a woman under this age, and the adenomas found in the breast of young girls, as a rule, disappear spontaneously in later life.

Chronic Suppuration—In chronic suppurative conditions which are not responding to ordinary methods, including Carrel-Dakin treatment, after ruling out diabetes and syphilis, as primary or contributing causes, I am convinced of the distinct value of autogenous vaccines, and have them prepared, after first draining or cleaning out the area as much as possible. In this class I will not take time to quote case histories, but would particularly refer to chronic empyemas, subphrenitis, abscesses and chronic osteomyelitis cases which are resisting treatment.

Fistulas—In connection with the small fecal fistulas occasionally met with following abdominal operations with drainage, and which are often so annoying to the patient and surgeon, I would like to call attention to a very simple treatment that has been used at St. Michael's Hospital for a number of years. It merely consists of immersing the patient, with the wound exposed, in a warm bath for fifteen or twenty minutes daily. The average case, when not due to an opening on the small bowel, will completely clear up in a few days, thereby often avoiding a severe secondary operation.

An interesting fact is brought out by Cole¹⁶ in treating fistulas of the parotid gland following operation or injury. These cases, I am sure, have come to the attention of every surgeon here who know how resistant they are to all ordinary forms of treatment. Cole states that they will heal promptly under deep x-ray and radium therapy. In these cases, I am not referring to a complete division of Stenson's duct, which is a purely surgical condition. Culler¹⁷ re-

ports two cases of pancreatic fistula following bullet wounds which responded to x-ray therapy. The use of x-ray and radium in glandular fistulas is deserving of consideration, the action probably being due to an inhibition of the activity of the gland. I can recall cases where the application of these methods would undoubtedly have saved much time and effort, to say nothing of the comfort of the patient.

Goitre—I hesitate to speak of exophthalmic and toxic goitre, because my own experience in this field has been very limited, but after consulting with Dr. J. F. Hagerty, who has had such a large experience, I feel that if I had a particular toxic case that would, after rest and observation, probably not stand an operation, then deep x-ray therapy seems to offer the best solution. It is claimed to destroy the thymus and some of the gland structure of the thyroid. We should not forget focal infections in these cases, and they should be sought for and eradicated when possible.

Foreign Bodies—Foreign bodies swallowed, and likely to perforate, or lodge in the intestine and cause pressure necrosis and peritonitis, as pins, safety pins and fish hooks, should be carefully followed with x-ray. They should have no operative interference unless the foreign body becomes lodged in one place for several days, or there are symptoms of leakage or perforation. The greatest danger lies in peritonitis following a pressure slough of the intestinal wall. A diet of milk, potatoes, bran and oatmeal, with mild catharsis and watching of the stools is all that is indicated in the average case.

I would like to say a word about small deep seated foreign bodies, like pieces of a needle in the hand. My own experience, after spending many uncomfortable half hours, and which I am sure will be appreciated by most everyone here, has taught me not to hunt for such things, except under the fluoroscope. The case of extraction of such substances under the fluoroscope, after first making an incision over the area, with local anesthesia, has obviated many muttered expressions by the surgeon and eliminated much suffering to the patient.

Carbuncles—Carbuncles and boils, which I had for some years boldly opened, scraped out, swabbed out and

packed or drained, I find can be treated much more satisfactorily by palliative measures, so that it is now unusual for me to incise a carbuncle of the neck. I believe, however, that if all cases could have early complete excision, that this treatment is preferable, but the impracticability of this method as a routine is obvious. Of first importance in these cases, and all other acute suppurative conditions, is to examine the urine for sugar, and irrespective of the findings, put the patient on a carbohydrate free diet during the course of the disease. Frequent dressings, with the application of a paste-like ung. diachylon (lead plaster) gives the best results, with a minimum amount of discomfort to the patient, and subsequent scarring. For extensive cases, hot fomentations of boracic acid, alcohol and carbolic are advisable, dressing frequently, and removing sloughs as they become separated. The old method of cutting across these lesions break down the natural barriers and in many cases spreads the infection to surrounding tissues. It has taken me fifteen years to come to this conclusion, in spite of the insistence of some of my best friends. I have also tried, with success, the method advocated by T. Dunham¹⁸ for treating boils and carbuncles. He takes the eye of a small surgical needle, plunges it into 95 per cent. carbolic and then works it into the head of the boil, very slowly, until he gets through the skin and into the cellular tissue. Then redip the eye of the needle into the carbolic and continue the process several times until the whole surface of the sac has been cauterized and anesthetized. Then gently express the contents and repeat again if necessary in twenty-four hours. In cases of recurring boils, reduction in starchy foods and abstinence from sugar is of the greatest value.

Skin Grafting—This should not be attempted until the area to be grafted has been treated and made reasonably clean. Shawan¹⁹ has shown that we should not accept a graft from a donor until the blood of both donor and donee have been grouped²⁰. Yates reports that the Germans advise before attempting to graft a large secreting surface or leg ulcer that the graft be first immunized by taking the dressings saturated with wound discharges and placing them on the skin to be used, for a few days,

thereby getting up a certain amount of immunity in the graft. Theoretically this is sound, and I have tried it out successfully on a chronic leg ulcer of several years standing, which had previously been grafted unsuccessfully by me.

Benign Giant Celled Tumors—Drs. Haussling and Martland²¹ have so adequately and repeatedly described benign giant celled bone tumors that I will merely allude to them as a type of tumor not demanding any more radical surgery than local curetting, or deep x-ray or radium therapy. They are benign tumors of a chronic inflammatory nature, most frequently occurring in the upper end of the tibia following trauma.

Varicocele—We do not advise operation in the average case of varicocele. The assurance of the patient that there is no real danger in the condition, frequent cold sponges, attention to the bowels, avoidance of sexual excitation and a suspensary bandage is generally all the treatment that is necessary. Only in extreme cases, in which the testicle is undergoing atrophy, or the pain is very severe, in spite of treatment, should operation be performed.

Ureteral Calculi seldom demand operative interference. If a stone can get started in its passage down the ureter it will generally finish the trip when assisted by drinking large quantities of distilled water and hypodermics of morphine and atropine. Sometimes dilatation by bougies and oil injections into the ureter, through the cystoscope, may be necessary to hasten the passage.

Separation of the Pubes, occasionally met with in traumatic cases, will respond very satisfactorily to treatment with an elastic belt, the relentless pressure of which brings the bones together in a short time. This advice of Dr. E. J. Ill has deterred me in operating on these cases and has given very satisfactory results.

Hemorrhage—One of the very best points I have learned recently has been the control of hemorrhage by injections of sodium citrate solution when it is impossible or impracticable to apply local hemostatic measures. Dr. Charles E. Teeter called my attention to the fact that Lillienthal was using sod. citrate solution intramuscularly to increase the coagulability of the blood before operating upon mediastinal and extensive chest cases. This apparent reverse ac-

tion of a drug, which outside the body decreases the coagulability, has been reported by Hirshfeld and Neuhof,²² and we have used it successfully on several occasions. Dr. Lillienthal,²³ in a personal communication, gives Neuhof credit for the discovery, and states that he uses 20cc of a 30 per cent. sol. in each buttocks preparatory to extensive operations, or in cases where he anticipates much bleeding. The original report advises that 6 gr. sod. citrate dissolved in 20cc of water be slowly injected into a vein in cases of bleeding, and shows it successfully used in cases of ruptured liver, pulmonary and gastric hemorrhages, bleeding in jaundiced cases, bleeding gums, traumatic hemothorax, slow cerebral hemorrhage and for the control of hemorrhage during or following operations. The coagulation time of the blood at once becomes shorter, the average case going down from ten minutes to two minutes forty minutes after the injection and gradually returning to normal twenty-four to forty-eight hours later.

And so I might ramble on through numbers of other conditions that require either a careful differential diagnosis or very careful judgment in determining the fitness of the patient for or the desirability of operation in his particular case, but I am afraid I have already endeavored to cover too much ground, and certainly have consumed too much time. Much that I have said may be disputed by men of wider experience or greater dexterity, but if some of the points touched prove to be as great value to some of our younger men, as they have been to myself and associates I will consider that this effort has not been wasted.

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DISCUSSION

Dr. Carl E. Sutphen, Newark: In offering a paper of this nature I believe the Doctor can accomplish more real good to the greatest number, by far, than by offering one of a highly technical nature which would apply to only a few. E. Blackburn has so thoroughly covered the general subject that I shall confine myself largely to my personal experience along these lines. As has been referred to, when we first enter the field, particularly after finishing a good surgical course, we can see something surgical to mostly any case. This paper, and I heartily endorse every bit of it, is a plea for conservative surgery, which does not mean "Watchful Waiting", without some very good reason, but means that conclusion to operate is based on sound reasoning reached only after all careful scientific means for diagnosis in each individual case has been taken advantage of. In other words no snap diagnosis. This has been my greatest concern in my decisions pro or con operation: Am I reasonably sure I am right? 2. Would I advise this if it were one of my own family? 3. Would I advise it if there were no fee in it? If everyone would ask himself these three questions we would have better and more conservative surgery. Again to be assured of careful, scientific and conservative surgery we must have two more factors applied, the man who is to do the work must be competent to perform surgery and meet emergencies, and above all, to make the choice of the proper method to be applied after it has been decided to operate. I once heard one of our greatest surgeons say that he finished his prayers each night with the request that he be guided right in choosing the proper method for his operations the next day. It is a crime to submit patients to the knife by men who have, perhaps, seen somebody do a few operations. As to specific cases that the paper has mentioned I shall merely hastily indorse and emphasize some of the many good points he has brought out: 1. The supervision of all surgery in a hospital by one man is a most excellent idea, and must soon be insisted upon; many of the best hospitals have this now; 2. The several cardinal contraindications which were men-

tioned also bring out the immense value of a proper and careful history so often passed over lightly, even in our hospitals; 3. Shock has always been the greatest contraindication to surgery, but if we are forced to do so we must use every method to reduce the amount of the second shock by the use of transfusion, intravenous salt, rectal stimulation and the most improved methods of giving the proper anaesthetic, combined with local anaesthesia, or use local entirely; 4. Wassermann test should be done on every case, where it is possible, as we often find syphilis where we expect it least; 5. There are no cases which need so much good scientific judgment as to when radical interference should be employed, as head injuries. If the case is in a hospital very careful combination of history and technical examination should be made. Personally I prefer the routine employed by Dr. Eagleton in head injuries in the city hospital. These are too intricate to go into detail here, but I believe it would be of advantage to follow these lines in addition to what Dr. Sharpe, of Philadelphia, has advised; 6. In regard to fractured spines I am pleased to hear that the doctor has had such good success in reducing the deformity by traction and manipulation. I believe this is by far the most satisfactory if it would cure, but we must not delay too long after a thorough neurological examination has assured us that there is either pressure on or the severing of the cord at the point of fracture. The discussion of the treatment of ordinary fractures is too long for the time allotted, and I believe that the doctor has said very properly and scientifically, according to modern methods to the care of all fractures, both simple and compound, that we would have a very few open operations to perform. Immediate action and unlimited patience and daily supervision is the slogan for successful treatment of fractures, so that they will not need anything radical done with it. The methods employed are fully described in many other papers. As to appendicitis I have no further suggestions to make, except to say that one must act on general principles and rely on his own intuition based upon past experience, after he has had the case thoroughly examined. I once knew a good surgeon who had travelled for two months in various parts of this country and heard all kinds of opinions as to when to operate upon appendicitis; he finally said that one must rest on his own feeling, regardless of others, providing he has the sufficient experience. I have no criticism of the doctor's idea of the treatment of empyema. I believe that he has said all that is necessary, and I am sure that it is the latest and most scientific advice known to surgery today.

(The Editor regrets that he has not received from stenographer or secretary Dr. P. Marvel's discussion of this paper, as Journal goes to press.)

Not Past Hope.—Patron of the Arts—"Eighty-five francs? That's rather expensive for the work of a painter who's still alive." Art Dealer—"Well, you might give me the money, and I'll see what can be done about it."—**Le Matin.**

DISCUSSION OF PRESIDENT COSTILL'S ADDRESS.

(We regret this was not published in the July Journal with the President's address. It was not received by the Editor till some weeks after that issue went to press.)

(Vice-President Eagleton, who occupied the chair during the time of the President's address, said that although not "according to Hoyle" to discuss the President's address, he thought it was of interest to so many present that he made an exception in this case and threw the paper open to discussion.)

Dr. Gordon K. Dickinson, Jersey City: About two winters ago the people at the Paterson General Hospital were disturbed as to the nursing matter. They called together officials from the different hospitals of the State. I heard about it, was not invited, but went. As a consequence I was made chairman of a committee to investigate the nursing situation. On the committee was the superintendent of the Paterson General, as well as the superintendent of the Hackensack Hospital. The others did not turn up, so we three went to work. A questionnaire was sent out and replies obtained. We found that the majority of the hospitals were not fully equipped with nurses, and had not had the usual number of applicants during the year, but our committee felt that we could not make a report without more data, so a second questionnaire was sent throughout the State, thinking that perhaps a year having gone by and times having changed, we might find that there had been more applicants. We find that the questionnaires are truthful, but always colored a trifle by the personality of the person filling them out. If a nurse is in charge of a hospital and is high-minded, she will see an optimistic side, although the figures may not altogether bear it out. In some instances, of course, they will. Where there were made superintendents, invariably we had replies which showed the nursing profession was gradually going out of existence.

So the whole problem today is a very sad one. It is years since this Society started to investigate the nursing problem, and I do not think that we are getting anywhere with it, because the nurses feel it is their job and none of our business. They are going to take care of it, but do not start to do it. The older nurses feel very sad, because they feel there will be on one in the ranks to take up the nursing profession and keep up its high ideals. I do not see what we can do, unless we get all the boards of managers to abolish the present system and reorganize under the management of the medical profession.

Dr. Alexander McAlister, Camden: I want to say a word in defense of the State Board of Medical Examiners. Dr. Costill said that men take examinations in other States and come to New Jersey by indorsement, because they have easier examinations there; but I say that the men who come here by indorsement have to meet the same requirements that we have. There is no man indorsed unless he has acquired his license by examination in another State. Another thing that I want to say is about the hospitals in this State and Pennsylvania. About a year ago we had some correspondence with the Penn-

sylvania State Board of Licensure concerning an internship taken in a New Jersey hospital. In Pennsylvania they have on their statute books today a requirement that an applicant coming before the State board must have an internship served in Pennsylvania. They will not recognize an internship served in a hospital in our State. Consequently, the New Jersey board passed a resolution that they will not recognize an internship taken in a Pennsylvania hospital. The consequence has been that we have had a number of applicants that have been refused on that account. We have heard nothing for some time from the Pennsylvania board about it.

Dr. Costill: The figures that I quoted came from your Secretary, and the deductions I drew from those figures.

Dr. McAlister: I do not see what bearing that has on the requirements.

Dr. Costill: Why are the ones that come by indorsement increasing in number, while the ones coming by examination before your board are getting fewer in number? The deduction is logical.

Dr. McAlister: No. The majority of these men have taken their examinations in other States several years ago.

Dr. Costill: The figures quoted were of men entering practice, and they came direct from your board. I asked for figures regarding men entering practice.

Dr. McAlister: We have men coming by indorsement that graduated years ago.

Dr. Costill: I grant you that, but these are the ones taking up practice for the first time.

Dr. McAlister: Of course, examinations take place in different States, and their requirements have to be the same as ours, or they are not indorsed.

Dr. Costill: I was offering the situation, as I gathered it.

Dr. McAlister: How did you draw that deduction? Have you taken up the requirements of other State boards?

Dr. Costill: I have. Ten years ago we had fifty by examination for the first time, and twenty-five by indorsement. Now we have twenty-five by examination and fifty by indorsement. What is the deduction?

WHAT THE MEDICAL SOCIETY MEANS TO A PHYSICIAN*

By Dr. William Graves
St. Louis, Mo.

The questions implied in the topic assigned me can best be answered by reciting some of the purposes and activities of a well-organized medical society. The office of a physician is as old as human history, but the medical society is a modern institution. A well-organized medical society, as we know it today, such as the St. Louis Medical Society, is a forum where the best medical thought, opinion and achievement find

expression and discussion. It preserves the ideals and promotes the aims of the medical profession. It admits to membership only those legally, morally and professionally qualified to exercise the functions of the physician. It demands that its members uphold moral laws and the laws of the land, as these are expressed in good citizenship. It disciplines by censure or expulsion those members found guilty of moral or professional misconduct. In its scientific program it supplies its members with a form of post-graduate instruction that is indispensable to the family physician and to the ultra-specialist alike. It owns and maintains a reference library, representing the best in literature of the medical sciences. It endeavors to disseminate useful knowledge of the medical sciences relating to the principles of disease control and prevention, to sanitation, to hygiene of the body and mind and to the care of the sick and injured. It co-operates with the United States State and city authorities in their efforts and in all other well-directed efforts tending toward the prevention and control of disease and the promotion of health in the individual, in the home and in the masses.

It manifests a sympathetic interest in its own members in their families in the trying situation of illness or death. It commemorates and endeavors to perpetuate in proper form the virtues and achievements of its own members. It promotes a fraternal spirit, thus minimizing that spirit of envy, jealousy or selfishness common to human nature. It endeavors to promote the spirit of co-operation among its members in the cause of humanity, thus encouraging the growth of charity, good will and altruism. It is unalterably opposed to quackery and to nostrums wherever and in whatever guise they may be found. It is unalterably opposed to the enactment of any law tending to lower existing standards of medical education. It is also unalterably opposed to the enactment of any law tending to legalize ignorance or superstition in the care of the sick and injured.

The personal benefits and the opportunities for greater usefulness accruing to a physician who becomes a member of a well-organized medical society must be obvious to anyone who will consider some of its purposes and activities as

just recited. There are, however, other advantages accruing to the physician chief among which is identification with the State and American Medical Associations, to which associations he is admitted without further obligation. The St. Louis Medical Society is a component of the American Medical Association, which association now has a membership of more than 85,000 leading physicians, representing practically every hamlet, town and city in the country. During the eighty-three years of its existence it has become a great power for human advancement. It may be stated without fear of contradiction that the American Medical Association, with the support of its component county and city societies and its State associations has done more to raise the standards of education in our medical schools; more to further post-graduate medical work; more to promote the aims and ideals of physicians everywhere; more to awaken medical and public interest in public health matters, and more to further human efficiency than any other single agency in human history.

In conclusion permit me to say that the medical society means to a physician opportunities for continuous growth . . . greater usefulness to his fellow-men.

*Presented by invitation to the Teachers' Fellowship Society of St. Louis, February 18, 1922. Reprinted from Bulletin St. Louis Medical Society.

THE DIGNITY AND VALUE OF ORGANIZED MEDICINE*

By T. R. Ray, M. D.

Shelbyville, Tenn.

However strange it may seem that I should select this subject at this time, the fact remains in my mind, that an organization cannot be greater than the motives and principles for which it was organized and for which it stands, and we should ever be mindful of the fact that unless those principles are conceived in the hearts and minds of men with constructive ideals, and such ideals are the embodiment of the organization, the sooner that organization comes to

*Presidential address before the Middle Tennessee Medical Association meeting, May 11 and 12, 1922. Reprinted from the Tennessee State Medical Journal.

chief the greater will be its service to mankind.

No good citizen has a right to identify himself with any movement unless it is forward movement, and no member of any organization is a potent factor of that organization unless he is a contributor to its ethical standards and high moral principles. The moment he loses sight of this fact, he becomes as a stagnant pond and if he identifies himself for or later becomes a self-seeking, self-serving individual, then he is as that pond converted into a cesspool of living micro-organisms, and becomes a menace to all who come in contact with him.

The science of healing is as old as man, and we as medical men point with pride to those outstanding figures as we turn through the pages of time. As in the social, political and economical life, there has always been a man in the medical realm, to meet the emergencies and with a vision of mankind's crying needs and with souls yearning to compensate these needs, devoting their lives to its service and oftentimes giving their lives to its cause. We have no cause for remorse when we review the records of those who have gone before us and compare their efforts and achievements with those of any like number of citizens in any other walk of life. In civil life every residence in every American home has been demands of the age. They were men made a little brighter by the fact that the family doctor has ever stood ready to minister to their needs at any hour.

But the noblest achievements of organized and ethical medicine has not been in restoring the sick to health, but in the unselfish service of sanitation and the prevention of disease, which has not only meant the saving of thousands of lives every year, but saving millions of dollars to the commercial world by the prevention of loss in labor hours. In military life we do not need to rehearse the wars of a hundred years to find men who have stood by the flag with as much loyalty and devotion as any class or type of citizens. And the services they rendered were indispensable and most glorious. In the religious life they have been a salient factor. It has long been a conceded fact that a missionary station without a medical staff was helpless and almost useless. They have carried the modern methods of medicine and surgery to the darkest corners of the earth

to replace the conjuring quacks to the savage tribes.

Shakespeare made Portia, the wife of Brutus, talk of the ruddy drops that visited her sad heart, but it remained for Harvey, in 1682, to demonstrate the circulation of the blood, and in his day lived such men as Bartholin, Glisson, Highmore, Wharton, Willis, Cowper and Belinni, all of whom are remembered by structures in the human body bearing their names. This was truly the anatomical age which was logically followed by surgical achievements both in operations and mechanical appliances. In the seventeenth century the chemists began to do a great constructive work, and we find such men as Von Helment, who first described the gases, hydrogen, carbon dioxide, sulphur dioxide, etc., and Boyle, whom the Irish claim was the father of chemistry; Leuwenhock and Redi, who were the first food chemists. These men gave us some valuable remedies, some of which were ammonium acetate, and Glauber's salt.

In the eighteenth century began the classification of medical science and the turning of attention to institutional care of the sick by such men as Haüy, Gallaudet and Pinel. Institutions for the deaf, blind and insane were built and a humane and rational care of these unfortunates was begun. And the nineteenth century gave us Jenner's discovery of smallpox vaccination and likewise gave us the great work of Pasteur. These men with scores of others have written their names on the brightest pages of history by following their convictions of a virtue in a great theory. We are not to forget that these men had a hard fight in converting their colleagues to a faith in their discoveries, and that the competitive lines were sharply drawn, but they were men with principle above price and honor and integrity were the essential qualifications for membership in their organized bodies in which all the greater lights of the past were identified.

Are we perpetuating these lofty ideals? And will we hand to the next generation a standard of ethics which is not self-serving, but the noblest of all heritages, self-sacrifice? Ours is indeed a lofty and noble calling, and the real men of honor and of vision have ever carried the banner high and unfurled to the pure breeze of a dignified and profes-

sional atmosphere and it is now a challenge to our honor to bear it on to higher and nobler ground.

We are living in the greatest day of the world's history. Startling discoveries and revelations are coming with machine-gun rapidity in all lines. Each day brings us to its new and peculiar demands, and we are taxed to the utmost to keep pace with the procession. Herein lies the great danger that we may become absorbed with the material affairs of our profession and lose the great guiding spirit that has led us to our present high plane. Intensified interest and devotion to our medical organizations and the great principles for which they stand, alone will avert this calamity. The title we wear is one of the highest honor, handed to us by men who deemed it as such, and there comes with it a corresponding duty, and that duty calls only for our highest and noblest manhood, which embodies every law of ethics of organized medicine. We are sometimes led to believe, however, that the code of medical ethics is a peculiar set of rules and regulations complicated and hard of understanding, but they are only the plumb line of honor and integrity by which every real man invites measurement.

I am mindful of the fact that we in our organized capacity are oftentimes misunderstood and misrepresented. There are those who appear to believe that we have as our motive in chief, mercenary purposes and oppressive intentions. While others think our purpose is to present a solid fighting front against the unethical, unscrupulous and unscientific creeds and doctrines that advertise themselves as panaceas for all the afflictions of man. These are the least of our thoughts, and are matters too trivial for our consideration in a scientific meeting; we leave them for the individual to use the intelligence God has given him and choose as his conscience dictates. If he prefers to have spot No. 1 of his spinal vertebra punched to cure his tuberculosis, and takes the chance of having it broken instead of replaced, that is his business. If he prefers to get his prescriptions and have them filled by the advertiser and street spieler why should we worry? Or if he should fall to the inviting misbranded doctrine of the many times married and once divorced Eddy it is of no concern to us, for we are about a bigger

business, trying to improve our scientific service to those who place their confidence and lives in our care. It is not only this, but we are living for a more sanitary country in which to rear the next generation, believing that every child has a right to be born without handicap of deformity and disease. We are spending time and money to solve these problems, and it would require volumes to tell of the great achievements scientific research has wrought in this most valuable field.

The unfortunate hand of the past has fallen heavily upon our heads and placed a heavy burden of taxes upon our shoulders. But as citizens of the greatest republic of all time we have accepted the burden and erected the great institutions of reform, education and the various types of hospitals for both the weak in mind and body. These institutions require a great portion of our yearly taxes, but they must be maintained and made more modern regardless of cost. But the real solution of this ever-growing problem will not come from legislative halls or from building great institutions, but from the ceaseless and untiring efforts of scientific medical research. It cannot come from the dogmas and cults that infest the minds of so many of our good people and at whose shrines they fall and worship to the ultimate dismay of their crying souls. The trouble being is not due to an ideal conceived in pure hearts yearning for sacrifice and service for their fellow man and to the generation in which they live, but the ideal has been to gather the shekles of silver while the harvest was yet ripe. This is why they come and go in the night, and do not remain for the noonday sun to shine its radiant rays of truth upon them. This is why you find no great institutions erected as monuments to perpetuate their memory.

This is why the great government which we live cannot intrust the health and lives of her gallant soldiers to the care. This is why the great body of organized medical men are moving on from conquest to victory, and why they have come down through the centuries as a mighty force and power in the constructive life of the world's history, and this is why they will move on, hand in hand with the infinite power of the Prince of Peace to eventually give back to the world a people as in the beginning, pure

body and soul, for it is written, "In the beginning God created man in His own image." Transgression of the spiritual law has blighted the souls of men and transgression of the physical law has placed the bondage of disease upon us, and it will require the concerted action of every worthy man of medicine to play his part worthily in the great drama of hastening the coming of the perfect day.

TETANUS FOLLOWING VACCINATION.

Drs. Louis G. Shapiro and Abraham Shulman,

Paterson, N. J.

The following case of post-vaccination tetanus is reported because of its infrequency.

History.—J. F. a two-year old girl, had been vaccinated on the left arm, fifteen days before the onset of her illness. An adhesive plaster covering was placed in the wound. The vaccination was delayed in "taking" until about the ninth or six days before the onset of her illness. During this period, the child played about in the sand-lots near her home. On the thirteenth day the mother noticed a foul odor from the wound and removed the plaster covering. The wound was covered with pus. This was washed off with hydrogen peroxide, and celluloid shield applied.

The earliest symptoms noted by her parents was stiffness of left (vaccinated) arm. This was on the fifteenth day. The child passed toys into the left hand with the right, rather than reach with the left arm. Irritability and sleeplessness soon followed. On the third day, there was difficulty in opening the mouth. The child was not confined to bed, however, until the fourth day. The irritability, the trismus and a certain "jumpiness" had become much more marked. While drooping, generalized spasms awakened her at intervals, eliciting cries of pain.

Findings.—Examination on the fifth day presented the following picture: The child lay quite fixedly. The eyes were bright and attentive; the look anxious. The face was covered with perspiration. Slight movements caused cry of pain. The cry was hissing because of inability to open the mouth; the facial expression was discorded by

the downward expression of the mouth. The fixed attitude of the left (vaccinated) arm in rigid extension was striking. The spasticity of this limb was greater than that of any part of the body. The left lower extremity was less rigid, but there was a definite preponderance of spasticity and excitability on the whole left side as compared with the right. Tapping of the muscles of the left side produced a spasm.

Trismus and neck rigidity were well marked. The spine, other than its cervical portion, and the abdominal muscles showed but slight involvement. The vaccination wound was covered with a dirty yellow firm crust replacing the true scab. About the wound, there was little inflammatory reaction. The temperature was 100 degrees F., the pulse was 102 and the respiration 40.

Course.—The child was desperately sick from the fifth to the tenth day. The temperature rose steadily, reaching 106.4 degrees on the seventh day and fluctuated, thereafter, from 103 degrees to 107 degrees until the tenth day. The pulse and respiration were extremely rapid, the former 160 to 200, the latter 40 to 84 per minute. A sudaminal eruption was well distributed over the body. Along the hair line, the eruption was pustular. Abdominal distention was marked and involuntary urination and defecation occurred. The spasms became generalized and occurred every few minutes. There was a number of severe convulsions, several of which were initiated by handling in the primary dressing of the vaccination wound, in attempting lumbar puncture without anaesthesia, and feeding by gavage.

In spite of the trismus the child was able to take liquid nourishment throughout her illness with the exception of the tenth day when feeding by gavage was restored to. On the eleventh day definite improvement was noted. The convulsions ceased, the spasms were less frequent and the fever lessened. Progress was rapid thereafter, and on the eighteenth day the child was able to leave the hospital. There still remained spasticity of the arm and trismus, which subsequently completely disappeared.

General Treatment.—A total of 30,000 units of tetanus antitoxin was administered on the fifth, sixth and seventh days. Of this amount 9,000 units were

injected intraspinaly, the remainder intravenously and intramuscularly. Lumbar puncture was best done under ether anaesthesia. An attempt without narcosis, initiated a severe convulsion. As sedatives, three grains of chloral hydrate and fifteen grains of potassium bromide were given by the rectum every two hours. Sleep resulted but the control of the spasms was questionable. On the ninth day, the spasms were so frequent and severe that 1/20 grain of morphine sulphate was given twice hypodermically at an interval of six hours. The injections were followed by periods of sleep. But two hours after the second injection, the pupils were well contracted, the breathing slowed, the throat filled with mucus and the lips cyanosed. The repeated use of an electric sucker cleared the pharynx. Atropine was administered hypodermically. Thereafter, all medicinal sedatives were abandoned. A more or less continuous warm bath at 100 degrees was employed. The child remained in the tub from one to two hours at a time. The water treatment exerted a definitely quieting effect, decreasing the frequency and the severity of the spasms.

Management of the Convulsions.—

Several of the convulsive seizures could have been avoided by the use of anaesthesia, in carrying out the treatment. The first wound dressing was done while the patient was coming out of anaesthesia directly after lumbar puncture. This proved unwise. The handling of the wound without complete narcosis precipitated a severe convulsion, with cessation of breathing, wide dilation of pupils and cyanosis. The severe spasm of the jaw and pharyngeal muscles, wedging the tongue tightly into the pharynx, rendered artificial respiration ineffectual until the jaw had been pried open. There appeared to be no laryngeal spasm, as no difficulty in aerating the lungs and restoring breathing was encountered, once the jaws were opened sufficiently to release the tongue. A small hard rubber gag was used thereafter to advantage whenever generalized spasms developed. On the worst day of the illness, the gag was in place continuously. Anaesthesia was occasionally used in the severe convulsions, after the gag had been inserted.

Care of the Wound.—The crust was removed from the vaccination wound. The exposed base was gray and unhealthy

looking. The surrounding tissue, however, showed little inflammatory reaction. A hydrogen peroxide dressing was applied and continued until the wound was practically cured.

Investigation of Material from Wound.—

The crust removed from the vaccination wound was triturated with two c.c. of saline solution. A smear of the resulting suspension showed no bacilli. One c.c. of the suspension was inoculated into the left groin of a 250-g. guinea pig. In 24 hours there was slight stiffness of the left leg. On the second day the stiffness was marked, the extremity being held in rigid extension. The guinea pig moved about in the cage. Slight stimuli such as the noise of hand clapping, produced localized spasms of the extremity. On the eighth day, the animal suffered frequent general spasms and death occurred.

The remainder of the suspension, about one c.c. was added to a fermentation tube filled with slightly alkaline glucose broth, to which guinea pig kidney tissue was added. After 48 hours incubation, the medium was quite cloudy and a sediment had formed about the bottom. A smear from this sediment showed very many Gram-positive bacilli with drum stick ends. Gram-positive cocci were likewise present. The culture was then heated at 80 degrees C. for 45 minutes, after which subcultures were made into alkaline glucose broth containing tissue, in a test tube under a cover slip. Prompt clouding occurred. At the end of 72 hours incubation, a smear from the sediment about the bottom again showed many Gram-positive bacilli with numerous drumstick forms and terminal spores. This culture was likewise heated at 80 degrees for 45 minutes.

Subcultures were then made on slants of glucose blood agar. Anaerobiosis was secured within the tubes by placing them in a tightly stoppered jar containing freshly prepared alkaline pyrogallol solution. After 72 hours, practically no surface growth could be noted. Smears from the tubes showed spores only. The surface of one slant was washed with two c.c. of saline solution and the washings injected into the left groin of a guinea pig. After thirteen days, the pig showed no evidence of the disease. Edward Francis' stated that tetanus spores in pure culture without toxin, do not cause tetanus when injected subcutaneously.

ously, unless activated by an injection of quinine or of a staphylococcus culture. Accordingly, one grain of quinine hydrochloride was injected into the groin on the thirteenth day after the injection of tetanus spores. Daily observations, thereafter, revealed nothing. On the seventeenth day, the animal was found dead, with head in hyperextension.

Probable Source of Tetanus infection.—No test of the vaccine virus were made. The non-occurrence of other cases of post-vaccination tetanus at the same time made it unlikely that the virus was the source of infection. The absence of inflammatory reaction and the late "take" also made it unlikely that the infection was introduced at the time of vaccination. The secondary crust attested the removal of the scab, after which time infection was probably introduced. This crust reestablished excellent anaerobic conditions at the wound.

J. F. Anderson arrived at the conclusion that vaccine virus as sold in this country is essentially free from tetanus and that post-vaccination tetanus is due to infection introduced into the vaccination wound probably after the tenth day. He based his conclusion on the following: 1. The inability to recover tetanus bacilli from samples of vaccine virus; 2. The failure to produce tetanus in monkeys (susceptible both to vaccinia and tetanus) by vaccinating with intentionally infected virus; 3. The correspondence of the high death rate (about 5 per cent.) in post-vaccination tetanus, with an average onset twenty days after vaccination, with the mortality rate of severe wound tetanus, which has an incubation period of ten days or less.

Summary and Conclusions.

1. A case of tetanus occurring fifteen days after vaccination has been described.

2. Tetanus bacilli were recovered from the vaccination wound and the disease was reproduced in a guinea pig.

3. The condition of the wound with the primary scab torn off and a secondary dirt crust suggested the possibility of infection, subsequent to the inoculation of the virus.

4. This appeared more likely because the severity of the disease suggested a short incubation period.

5. The virus seemed an unlikely source of infection since no other cases of post-vaccination tetanus occurred at the same time.

6. No tests of the vaccine were made.

7. The occurrence of so serious a complication of vaccination emphasizes the necessity of rigid cleanliness at the time of the inoculation and thereafter until the wound is healed.

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Reports of Medical Societies.

Barnert Hospital Clinical Society.

Jacob Piller, M.D., Secretary.

The 21st regular meeting of the Barnert Hospital Clinical Society was held Tuesday evening, March 21, 1922.

Dr. Sucoff presented a young man of 25, who after a third attack of gonorrhea in April, 1921, developed pain in both knees and heels; the tender heels persisting. X-ray showed a marked proliferative periostitis of both heel bones; and a prostatic smear revealed pus and gonococci. Treatment of the prostate has had no effect on the heels.

Dr. David H. Mendelsohn presented a case of bilateral dry gangrene of lower extremities in a lady of 71, whose systolic blood pressure was 175, and who had a mitral valvular lesion. The right limb was first involved, the left about three weeks later; at this time a right hemiplegia also developed with death in a few days. The question in Dr. Mendelsohn's mind was whether thrombosis or emboli caused the multiple lesions.

Dr. Mendelsohn reported a case of lung abscess in a woman of 35, the symptoms coming on three weeks after a broncho-pneumonia. The diagnostic symptoms emphasized were: (a), Persistent productive cough, tiring patient; (b), profuse expectoration, with fever, sweating and wasting; (c), localized pulmonary dullness.

Dr. Mendelsohn reported a case of fatal septic peritonitis, following an abortion induced by the patient herself passing pine-sticks into her uterus.

Dr. N. Dingman reported a case of a woman 5 months pregnant, who after some exertion, began to bleed intermittently, but quite profusely. After 3 weeks uterine contraction set in and the patient was delivered. The long wait was due to the viability of the child. The diagnosis was accidental separation of placenta.

A special meeting of the society was held on April 11, 8.30 P. M., at the hospital.

Dr. John L. Kantor, Chief of Gastroenterology, Vanderbilt Clinic, New York City, gave a lantern slide demonstration of gastro-intestinal conditions. He emphasized first the variety of normal shapes the stomach may

have, and then showed x-ray views covering almost the entire range of organic lesions occurring from the esophagus to the rectum.

Clinically, Dr. Kantor showed by statistics that the large majority of patients present themselves with function symptoms rather than organic lesions.

Washington Society of Clinical Medicine.

Dr. F. J. LaRiew, Secretary.

The summer meeting of the Washington Society of Clinical Medicine was held at the Northampton County Country Club, near Easton, Pa., June 28, with Dr. Paul Correll, chief surgeon of Correll's Hospital, of Easton, as the host. The President, Dr. S. B. English, superintendent of the New Jersey Sanatorium for Tuberculous Diseases at Glen Gardner, being unable to be present, Dr. F. P. McKinstry, of Washington, presided and acted as toastmaster.

The following members of the Society were present: Drs. F. P. McKinstry, F. J. LaRiew, Thomas Dedrick, Charles M. Williams, A. C. Zuck, Washington; Theodore B. Fulper, Hampton; C. G. Boyer, Annandale; A. H. Coleman, Clinton; Paul Correll, S. A. Krebs, John West, E. L. Hoffman, C. P. Struthers, Easton, Pa. The guests were: Drs. R. H. Woodruff, G. G. Mills, Hackettstown; H. B. Bossard, Harmony; Frank W. Curtis, Stewartsville; F. P. Lefferts, Belvidere; H. R. West, C. H. Lyon, Phillipsburg; J. C. Keller, Wind Gap, Pa.; G. G. Klock, E. J. Dech, F. J. Kessler, J. A. Stotz, W. P. O. Thomason, Charles H. Boyer, William F. Cope, B. M. Haunce, E. W. Evans, C. G. Harmon, W. M. Seibert, F. A. Sherrer, W. Gilbert Tillman, Victor S. Messinger, F. C. Roberts, Easton, Pa.

Luncheon was served at 1 o'clock and was a most delightful affair. It was a credit to the discriminating choice of Dr. Correll, the host, who has the talent of dispensing pleasure and whose merits in various lines equal his reputation as a surgeon. After the luncheon a program of three papers was presented, making the meeting a most delightful occasion, and all who had the pleasure of being present voted that they could only say "thanks and then again thanks" for the invitation and the opportunity of enjoying the hospitality of the Secretary and Dr. Correll.

Dr. C. P. Struthers, of Easton, pathologist of the Correll Hospital, presented a paper on "Contra-Indications to Operations from the Urological Standpoint." He spoke of the most important and necessary tests before the patient is given a general anaesthesia, as specific gravity, sugar, albumin and a microscopic examination of a centrifugal specimen. He outlined anesthetics to be used after getting the results. He said that local and spinal anesthesia should be taken into consideration where general anesthesia is contra-indicated.

Dr. E. L. Hoffman, of Easton, the anesthesiologist of the Correll Hospital, gave a complete description of his method of anesthetizing the patients operated on in that hospital. It was interesting and instructive and could be understood by those who were not specialists in that line, but who had to administer anesthetics occasionally.

Dr. Paul Correll, chief surgeon of Correll's

Hospital, gave a graphic account of the meetings of the Washington Society of Clinical Medicine. He stated that it was formed 1907 by the five practicing physicians then located in Washington, N. J., and has continued with remarkable success since that time. The membership has now reached eighteen. Meetings are held monthly during the winter months, at the homes of the members or at some hotel or club designated by the member who is to act as host. The host reads a paper and all present discuss it. The papers are understandable to those present and therefore entertaining and instructive. The writer of the paper is learning something while looking up his data. The social features makes for better fellowship and understanding among the practitioners who are members of this Society. He said many more nice things about the Society which no one who had ever enjoyed their hospitality could dispute.

A petition which was recently presented to the Board of Trustees of the hospital and signed by thirty-six physicians, or 70 per cent of the physicians of that city, was read by Dr. W. P. O. Thomason, of Easton. The petition asked the trustees to broaden their policy in the management of that institution, to tend that the community at large might receive the fullest benefit of the medical profession generally.

Three suggestions were made in order to reach this much desired end: First: That the organization of the hospital staff shall be so changed that instead of it consisting of fourteen members it should consist of forty-five or fifty members, and the plan and practice which has come into common usage in the United States of having a rotating staff by which the personnel of the medical, surgical and obstetrical staff would be changed at proper intervals during the year. Second: That the rules of the institution be changed so as to permit any doctor in good standing in the community treating his patients, and to have use under proper regulation of the hospital facilities, with the right to call in consultation any other physician or surgeon in good standing to act with him without being limited for consultation purposes to the present members of the staff of the hospital. Third: That the executive head of the hospital be, preferably but not necessarily, a physician; and if a physician to have purely administrative duties to perform and not be responsible for policies.

After a thorough discussion of the purposes and objects of this petition the following motion was made and carried unanimously:

"That this meeting go on record as suggesting a broadening of the policy of the management and the work of the medical, obstetrical and surgical staff of the Easton Hospital, so that the hospital be in the near future one of the most desirable health centers in this community."

His Choice of Wards.—Pat was brought to the hospital suffering severely.

"Which ward do you want to be taken to?" the house physician asked. "The pay ward" or—

"Anny ward that is safely Democratic," Pat interrupted feebly.—Life.

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BOARD OF TRUSTEES

There will be a meeting of the Trustees of the Medical Society of New Jersey in the rooms of the Academy of Medicine of Northern New Jersey, 91 Lincoln Avenue, Newark, on September 12, 1922, at 2 p. m.

The Editor is again obliged to apologize for the delay in the insertion of some of the annual meeting scientific papers and discussions in this issue of the Journal and for any inaccuracies that have possibly occurred. He hastened back from his brief vacation in Maine to guard against such occurrences, but found all his plans made before going had been upset by the information that the Official Transactions could not be ready for insertion until the October issue, and that word was received August 24, when most of the Journal was made up for the press. We have not yet received—August 30—some of the papers, and but few of the many discussions. We believe in promptness and accuracy, and we think that the proceedings of the annual meeting of the Society should appear in the Journal not later than the August issue. Some State Society Journals give their annual meeting proceedings within one month after the society's adjournment.

OUR HOME-COMERS

There has never been a year when the busy doctor needed a vacation more than this year, and a very large number of our members have enjoyed a rest at the seashore or lakes or among the mountains of New England. Many have journeyed by autos to distant cities, and an unusually large number have spent their vacations abroad. We have been glad to welcome most of them home, but a few yet tarry abroad. The Editor on his brief stay in Maine was surprised to learn that a large number of physicians and a vast number of the laity of our State have spent their vacations there, and that many of our members have bought or built cottages in that or the adjoining States. Contemplating what these vacations mean to the doctor and to his patients we say: "Welcome Home."

OUR DEPARTED MEMBERS

With deep regret we record in our obituary columns the sudden deaths of members of our Society who have rendered long, faithful and eminent service in the profession. Drs. G. M. Gould, T. Y. Sutphen and Stacy M. Wilson; we also record the sudden death by accident of Dr. J. C. Dunn, who, while not so long in practice, was also a highly esteemed and successful practitioner. We mourn their loss and extend sympathy to their families, their patients and the public, whom they served with conspicuous ability.

We note that the National Anesthesia Research Society, Columbus, O., has issued a Journal in place of the small Bulletin heretofore used to carry on its organization and educational campaign. It is a decided improvement, under the management of the Research Committee—Dr. F. H. McMechan, chairman-editor. Its first issue has several excellent articles on anesthesia and analgesia, and we were impressed by the two following little fillers:

"Whatever you do in life keep in an ambition arousing atmosphere. Keep close to those who are dead in earnest, who are ambitious to do something and be somebody in the world. Keep close to those who are doing big things along the line of your own aspirations.

"Achievement is the logical result of that fine fixity of purpose that keeps its eye always on the goal and disregards

obstacles. Successful folks die climbing; they neither rust nor yield. If they succeed they succeed greatly. If they die, they die striving to the last. To the man with the single aim—achievement, there is no such thing as failure.”

“GET WELL AT HOME.”

In past years there were undoubtedly too many consumptives sent to the Northwest and to certain cities in the South, with too little discrimination as to the proper requirements of the individual case, and the proper sanitary environment in which they were to live, and also with little or no thought of how the welfare of the towns to which they went would be affected by the large number of tuberculous patients settling therein. The matter has of late awakened considerable criticism among the citizens of those towns, both physicians and laymen. There have been far less numbers sent to long distances from their homes, and the individual States are taking action for the care and treatment of their tuberculous citizens. Our own State has wisely enacted a law for the erection and equipment of a county hospital in each county for its tuberculous citizens who need custodial care.

We take the following timely article from the August issue of the New York Medical Journal and Medical Record:

Get Well at Home.—A serious public health problem is the presence in many western States of a veritable army of consumptives, who have gone forth from their homes in a vain search for health. The West has recognized the menace of this condition, but the East is only beginning to wake to it. Many of these tuberculous persons are partly or wholly unable to support themselves, a condition wherein lies the greatness of the burden and the danger of their presence.

Miss Jessamine Whitney, statistician of the National Tuberculosis Association, has recently made a survey of six cities—Colorado Springs, Denver, El Paso, Los Angeles, Phoenix and San Antonio—the publication of which in the *Journal of Outdoor Life* for March reveals how serious this condition is. In the above mentioned cities it was found that at total of 7,319 tuberculous individuals were cared for by municipal agencies during the year preceding the survey. Sixty-three per cent. of all the indigent tuberculous were non-resident and of those classed as residents all but seventy-three in Denver had originally come in search of health. Seventy-two per cent. of the non-residents were men and 28 per cent. women; 49 per cent. were of foreign birth, Mexicans and Russian Jews leading; one-sixth of all the cases fell in the age period from twenty-five to twenty-nine

years. In contrast to the above presentage and showing that no such problem exists in cities where good treatment is available, evidence obtained in a control study made recently in Cleveland; here only about 10 per cent. of the consumptives cared for at public expense were non-residents. It was found that six States are largely responsible for the exodus—Illinois, Michigan, Missouri, Ohio, Pennsylvania and New York. More than half of those who had migrated stated that they had been advised by their physicians “to go West.”

Perhaps a few of the wealthy sufferers from tuberculosis, who are able to pay well for good treatment and a carefree condition of life, can discover their health in the high altitude and the salubrious climate of the West cannot afford these luxuries—and they are not necessary. Suitable employment in the West for such persons is practically non-existent in the western States, but the majority of people exist, and few States have public institutions open to non-residents. The result is that many, who might have been cured under the proper conditions at home, perish miserably in an alien region. Successful therapy for consumptives consists chiefly of resplendency of good food and fresh air, the proper mental attitude, and competent medical care and supervision—and these are available everywhere.

SUICIDES AMONG DOCTORS

From the New York Tribune.

The motive factors of suicide have often been listed. Despondency leads, followed by domestic unhappiness, ill health, insanity, disappointed love, business losses. These afflictions are generally distributed. But tabulating the figures by occupations reveals that year by year physicians are most of all given to self-destruction.

A medical journal explains the melancholy fact by the nature of the doctor's calling; it is said that the occupational strain is greater in the medical profession than in any other. The layman often marvels that those who see so much misery are to all appearances most cheerful and optimistic. A down-in-the-mouth doctor is, happily, a rarity. Few are the physicians who, as did the father of Clemenceau, abandon the practice of medicine because they suffer too keenly themselves from the sufferings of their patients. If their serenity is a mask for inward torment it is still more eloquent of the courage exacted by their profession.

The physician's suicide is most of all deplorable in that he casts away a life devoted to life saving. The effects of his act are multiplied. It may be, as the medical paper intimates, that his temptation to self-slaughter is stronger

than that of other men. He is the less likely to resist since he has at his disposal sure agents, which others obtain with difficulty, of making his quietus quick and painless. Perhaps this practical facility explains in a measure why some doctors give up the good fight when they find themselves faltering.

THAT LIFE YOU SAVED.

Every physician can tell of cases where human lives were saved through the use of laboratory animals, or through the use of vaccines or sera that required the use of animals in their preparation.

Write up your cases, simply and graphically, so that the stories may be used in combating the antivivisection propaganda. Put the stories in simple words that any one can easily understand. Give the human side rather than the scientific aspect, and include the circumstances and details that a narrative needs.

These stories will be published by the Colorado Association for Protection of Public Health. The names of physicians will not be quoted, though they should be furnished to the association. Send your stories to the Editor of Colorado Medicine. Send one today. C. S. B., in Col. Med.

We commend the above suggestion. Such stories may be sent to this Journal.—Editor.

"The way of modern medical education is long and irksome; the expense very great. The physician thus trained and equipped is justified in guarding jealously the rights and privileges of his attainment. Having spent toilsome and tedious years in scientific fundamentals and clinical preparation, is it to be wondered that he looks askance at those who by short-cuts, a brief period of superficial preparation, parade themselves as competent to understand the human body, well or sick. For example, they may assume to cure all the complex and widely distributed alterations of its mechanism by the so-called adjustment of a spinal vertebra. A master plumber before recognition as such, must spend two or three years as an apprentice. A locomotive fireman devotes years to observing the work of the engineer before he is promoted to the rank of the latter. How much more therefore should one

prepare himself if he would assume to understand the most complex machine known to mankind—the human body. To assume responsibility for its care and direction without adequate preparation is the act of a pretender, whose motives are dominated by ignorance or prompted by avarice."—Frank B. Wynn, Journal Indiana State Medical Association.

MEDICAL SOCIETY OF NEW JERSEY, WELFARE COMMITTEE.

Bulletin No. 3.

Newark, N. J., August 23, 1922.

Dear Doctor: Since July 4, when the new law relating to the medical phase of the Workmen's Compensation Act went into effect, a number of inquiries have been received by the Welfare Committee with reference as to whether or not reports were necessary in cases which entail an expense less than \$50 for medical fees and \$50 for hospital services.

The law does not require a report on such cases, and consequently no report should be made. The physician should insist on his rights in such cases. The only report which the law requires should be made to the Compensation Bureau is that in which extended treatment, involving extra fees is found necessary.

With regard to all cases the physicians should be certain to obtain the approval of the employer to treat the injured workman. Otherwise the employer is not liable, and he might not pay the bill. The employer has a choice of physicians, and he can send his workman to whomever he wishes. Of course, you can collect for the first dressing. It is wise to get the approval of the employer in writing. Have the injured workman bring the matter to the attention of his employer.

At the request of Colonel Bryant, head of the Workmen's Compensation Bureau, a report form to use in seeking extra medical or hospital services in workmen's cases, and a synopsis of the new law is inclosed herewith. The forms are similar to the ones your committee prepared and sent out about two months ago. Additional forms can be had by writing to the Workmen's Compensation Bureau, State House, Trenton, N. J.

Another month and primary time will be with us. See that the candidates of all parties will adhere to the principal that educational qualifications shall be the standard for those who would receive a State's license to practice healing.

Very truly yours,
HENRY B. COSTILL, M. D.,

Acting Chairman Welfare Committee.

(See August Journal, pages 223-225.—Editor.)

American Medical Editors' Association

The annual meeting of this Association will be held at the Hotel Statler, Cleveland, O., on October 16 and 17, 1922, during the annual convention of the American Public Health Association.

An interesting program for the sessions and annual banquet is being arranged by President Lewis.

Miscellaneous Items

First Flea: "Been on a vacation?"

Second Flea: "Nope; been on a tramp."—Pacific Weekly.

New School for the Deaf.—A new State school for the deaf on the outskirts of Trenton, to take the place of the present institution has been contracted for. The sum of \$300,000 is available for it.

State Aid for Crippled Children.—Backed by 460 rotary clubs in Ohio, legislation has been enacted providing first for treatment of all crippled children at state expense, and secondly for the establishment of special schools and classes for crippled children, the state allowing \$300 per child.

State Tuberculosis Clinic.—Through the efforts of the New Jersey Antituberculosis League, an appropriation of \$10,000 has been secured for the establishment of a state clinic, to be under the direction of the state sanatorium at Glen Gardner. This will provide clinic facilities for a number of counties.

Damage Allowed Physician for Personal Injury.

The Supreme Court of Pennsylvania says that the plaintiff, a practicing physician, aged 69, while a passenger in a car was struck on the head by a suitcase or hand satchel falling from a rack above the seat in which he was sitting. There was evidence that he was rendered unconscious, and, as a result of the injury, became unable to practice his profession to the same extent as before the accident, his earnings having decreased from \$7 or \$10 a day to \$2.50 a day; that his eyesight and memory had become impaired, as had also his general physical condition. A verdict was rendered in his favor for \$7,250. The court below having refused a new trial, the defendant appealed. The statement of the question involved was whether the size of the verdict was manifestly too great and plainly the result of prejudice. The Supreme Court found nothing in the record indicating prejudice against the defendant, and it cannot say that the verdict was so excessive as to warrant its inference on that ground, in view of the testimony establishing the injury received by the plaintiff and its effect on him and the resultant decrease in the receipts from his professional calling; wherefore, the judgment for the plaintiff is affirmed.

A Lay Criticism of the Medical Profession.

The real pest among reputable physicians is the young man who expects his patients to pay for his needlessly high overhead expenses. He may be known by his spacious and elaborate offices and waiting rooms, buttoned door boys, sleek secretaries, fluttering office nurses and powder monkeys of both sexes and an all-pervading shimmer of white enamel, mechanical novelties and glittering metal work. Not infrequently the young practitioner who indulges in all these fripperies is trying to put over a poor piece by means of costly stage effects. He sometimes forgets, and his pa-

tients still oftener fail to realize, that what he really has for sale resides in his own cranium, and that mere style, atmosphere and scenery are poor substitutes for knowledge, experience and technical proficiency. — Saturday Evening Post.

No truer words on the subject have ever been spoken. But the laity, the intelligent laity, is getting on to that sort of quackery. The decent and intelligent layman is becoming suspicious of the too luxurious waiting room, of the too elaborate office. It is the brains that count, and not the numerous awe-inspiring apparatus which are, more often than not, ornamental but useless toys. And it is unfortunately only too true that there are members within the ranks of the medical profession, members of many medical societies, who often outquack the most outlawed quack. — Critic and Guide.

Medical Fees.—Dr. Beverley Robinson, New York, in the Medical Record, says: To the question of the proper amount of surgical and medical fees there is one very simple answer, and this every man of character applies to himself in his doings with others. No man has a right to lower his well earned reputation by doing what does not befit it. To overcharge, is, also, simply a lowering of a great and noble calling. Woe sooner or later comes to the man who condescends to do for mere lucre what should be done for humanity. Such action sadly neutralizes before the public much that he has previously done to ennoble his profession. The men whom we most admire never charge exorbitant fees. They could do it and be paid, but they think of their peers in surgery and medicine and will not

Millions for Disease Cures.—Government reward of \$1,000,000, paid in ten annual instalments, to any person who discovers a successful cure for tuberculosis, pneumonia, cancer, epilepsy or dementia praecox, is proposed in a bill introduced by Representative Sproull (Rep., Ill.). Under the bill a board consisting of the surgeon-generals of the army and navy and the head of the public health service would investigate claims of cures and authorize payment of the reward. Mr. Sproull declared passage of his bill would stir scientists to research efforts that would result in cures being found.

Sex Limitation in Medicine to Vanish.—At meeting of the Medical Women's National Association held in St. Louis last month, Dr. Grace Kimball, president-elect, said, "Sex limitations in the medical profession will vanish in a few years and the time is coming when every community will recognize the need of women physicians. Today it takes about twice as much ability and industry for a woman to gain recognition as for a man, but all that is changing, and in the future I believe women will prefer a woman physician to a man. Given the same scientific background, the balance will be in favor of the woman physician."

There is no profession outside of motherhood that offers the tremendous opportunity for service to humanity that the practice of

medicine does, declared Dr. Elizabeth Bass, retiring president of the organization. She is professor of clinical diagnosis of Tulane University, New Orleans. Dr. Alen J. McLaughlin of Washington, president of the American Public Health Association, declared that medical knowledge has advanced far in excess of the means for applying it.

How to Keep Well to a Hundred Years.—

French exchanges comment on researches recently undertaken by Dr. M. Natier, of Paris, on the factors that conduce to longevity. Natier's experience has convinced him that, to be healthy and alert in mind, one must be gaining in weight up to the age of 20; from 30 to 40 the weight must be stationary, and 20 to 30 one can be gaining weight, but from after 40 the weight should decline. It should keep declining until one is thin, if one wishes to live to an advanced age in good physical and mental condition. Fat after 30, says Natier, is a dead weight for the organism. Besides leanness and moderation in eating and drinking, continuous activity seems to be the one other indispensable factor for prolonging life. Organs that are not used atrophy and degenerate; hence moderate, regular use of all the functions is necessary to maintain the organic balance. Emotional strain wears out the tissues. We grow old faster by the medulla-sympathetic system than by the muscles or brain. In the *Gazette des hopitaux* a review of Natier's study of centenarians adds that he is a believer in the Guelpa treatment for autointoxication: a course of purging followed by fasting. The consequence is felt not only by the digestive apparatus, but also is a rejuvenation of the tissues at large, by the destruction of used up cells and infiltrations of fat.

Therapeutic Notes.

Quinidin in Auricular Fibrillation.—Dr. A. Sebastiani, in *Policlinico*, Rome, says he treated ten patients with auricular fibrillation with quinidin, after digitalis had helped to restore compensation, and in six of the patients normal rhythm was restored. In the four others the fibrillation changed to flutter. One patient had a return of the fibrillation on two occasions, but each time it yielded promptly on resumption of the quinidin. One man of fifty-eight had flutter supersede the fibrillation the second day, but the third day the rhythm became normal. At the same time as this happened, left hemiplegia suddenly developed. Evidently some small clot was dislodged as the auricle began to beat normally, and it was swept into some vessel in the brain. The hemiplegia began to improve the same day, and by the end of the week nothing was left of it but a slight facial paresis. The heart beat is still normal and the man feels well.

Treatment of Syphilis.—McDonagh emphasizes the fact that treatment should be such as to increase the individual's resistance to the disease. "This can only be brought about by stimulating and not by destroying the re-

sisting substance, and unfortunately in the majority of cases being treated today the latter and not the former is both aimed at and achieved." He sums up his conclusions as follows: (1) that the chemotherapeutic agents cause the symptoms to vanish quicker, but brings us no nearer to curing the disease; (2) that the word cure should never be used, as all proof is wanting in any special case that a recurrence will never appear; (3) that each case must be treated individually and for at least two years; (4) that no reliance can be placed on tests at present in vogue for regulating treatment.—J. E. R. McDonagh, Medical Press, London.

Thyroid Gland Treatment of Hydrocephalus.

—Dr. J. P. Gray, in the *London Lancet*, reports a case of hydrocephalus completely cured by thyroid feeding, one grain daily by mouth.

Diabetes Insipidus Successfully Treated by Pituitary Extract.

By Dr. Reece at the Washington University Medical Society meeting:

Patient admitted on surgery service and one week later transferred to metabolism ward. Patient came in complaining of excessive thirst, frequency of urination, diarrhea and constant headache.

Family History.—Unimportant.

Past History.—Patient had gonorrhea and chancroid (?) fourteen years ago. No treatment. Nine years ago patient began an excessive indulgence in alcohol which he continued for several years.

Present Illness.—The onset, two years ago, was quite abrupt; first noticed that he was drinking large amounts of water and that he had to urinate frequently. Within a month after the onset was voiding large quantities of clear urine about every thirty minutes, day and night. The daily output found to be from twenty to twenty-four quarts. Condition remained practically constant for the past two years. He has had almost constant headache, very easily fatigued, dizzy spells and memory impaired; troubled with diarrhea.

Physical Examination.—Negative.

Neurological Examination.—Mental condition normal. Judgment and memory good. No speech defects. No pathological reflexes.

Laboratory and Special Examination.—Blood findings normal; Wassermanns negative; Spinal fluid Wassermann negative; Urine normal except for low specific gravity; 1001-1002 on admission; P. S. P. showed a return of 75 per cent. of the dye in two hours. Ophthalmoscopic examination showed normal discs; the visual fields were normal. A gastric fractional analysis showed a normal acid curve. Stereoscopic plates of the skull showed no definite abnormalities. Blood pressure on admission was 110-65.

Progress in Hospital.—When patient was first admitted to metabolism ward his fluid intake and output ranged between twelve to fifteen liters per 24 hours. Patient first asked to reduce his intake so far as he could with reasonable comfort. Seven liters was his minimum. Adrenalin by mouth and by duodenal tube was tried but gave no relief.

The patient was put on desiccated pituitary

extract, posterior lobe, by mouth, half grain doses, t. i. d., gradually increased to two grain doses four times per day. In the latter treatment the polydypsia and polyuria were readily brought under control.

The effect of intramuscular injection of pituitary liquid was tried. Two injections of 1 c.c. each were effective, providing the second injection was given late in the evening. Giving dessicated extract in powder form by mouth and rectum gave no effect. The powder was also tried with no result.

The results obtained in this case by the use of pituitary substance in salol-coated capsules suggests the possibility that at least some cases of diabetes insipidus may be successfully treated by giving the dessicated substance by mouth.

Hospitals.

Hackensack Hospital

The following is the report for July: Patients admitted, 321; patients discharged, 316; operations, 139; deliveries, 45; deaths, 11; ambulance cases, 50; dispensary cases and revisits, 201; x-rays, 100; surgical cases, 1,246; medical cases, 771; obstetrical cases, 1,065.

N. J. Orthopedic Hospital and Dispensary, Orange, treated 1,884 patients during the year 1921, of whom 137 received treatment in the hospital. There were 996 dispensary patients; 189 were cured. The main causes of deformities were: Arthritis, 382 cases; infantile paralysis, 337; muscle-bound feet, 242; tuberculosis of joints, 142; spastic paralysis, 68; curvature of spine, 43; congenital club-foot, 34; congenital dislocation of hip, 23.

Salem County Hospital.—The following is the report of the Salem County Memorial Hospital for the month of July: Admissions, 50; discharges, 41; births, 7; deaths, 2; x-ray examinations, 15; operations, 27; accident calls, 30; patients treated at clinic, 20.

Spring Lake Hospital.—Mrs. Blanche Roeb-ling, of Trenton, a summer resident of St. Clair avenue, is planning the erection of a \$40,000 building, which she will donate to the Ann May Hospital, of which she is president, for a nurses' home, as a memorial to her husband, K. G. Roeb-ling.

Deaths.

DUNN.—At the Middlesex General Hospital, New Brunswick, on August 28, Dr. James Coriger Dunn, of Franklin Park, aged thirty-nine years. Dr. Dunn was born in West Union, Pa.; graduated from the University of Pennsylvania Medical Department in 1910. He settled in Franklin Park, Middlesex County, about ten years ago and was a successful and beloved physician. He was struck by an automobile in front of his home, sustaining a fractured skull, broken leg and severe bruises on face and body. He was carried to the hospital and died in a few hours. He was a member of his County and State Medical Societies and also of the American Medical Association.

GOULD.—At Atlantic City, N. J., August 8, 1922, Dr. George M. Gould, aged seventy-four years. Dr. Gould served in the Civil War as a drummer boy in 1861-1862 and as a volunteer in 1864-1865. He received his A. B. degree from Ohio Wesleyan University in 1873, and the A. M. in 1892. He attended the Harvard Divinity School in 1873 and served as a minister until he took up the study of medicine. After receiving his medical degree in 1888 he began practice, specializing in ophthalmology. He was editor of the Medical News, 1891-1895; Philadelphia Medical Journal, 1898-1900, and American Medicine, 1901-1906. Dr. Gould received the first Doyne Medal of the Ophthalmological Congress at Oxford, Eng. He was especially well-known as a writer on medical subjects. He published several medical dictionaries. One of his most important books was the "Anomalies and Curiosities of Medicine," written in collaboration with Dr. Pyle. Among his non-medical works were a book of poems published in 1897, "Biographic Clinics," 1903-1909; "The History of Jefferson College," 1904; "Concerning Lafcadio Hearn," 1908; "The Infinite Presence," 1910, and "The Life and Letters of E. C. Stedman," 1910. He was a member of the Atlantic County Medical Society and the Medical Society of New Jersey; also a Fellow of the American Medical Association. He was a man of varied interests with a broad point of view and a thorough, practical writer.

SUTPHEN.—At his summer home, near Calais, Me., August 24, 1922, Dr. Theron Yeomans Sutphen, of Newark, N. J., aged seventy-three years, from apoplexy. Dr. Sutphen was born in Walworth, N. Y., June 6, 1850, being the son of Dr. Reuben Morris Sutphen. His elementary education was supplemented by a course at the Newark High School. In 1871 he entered the medical college connected with Bellevue Hospital, New York, being graduated two years later. He began the practice of medicine in Newark. Shortly afterward he was appointed attending physician to the city dispensary. After three years of general practice he began to devote his attention to diseases of the ear and eye. In 1889 Dr. Sutphen became attending physician at the Newark Eye and Ear Infirmary, then a charitable institution. He also was in charge of the eye and ear department at St. Michael's Hospital. He was for some time attending surgeon in the eye and ear department of all Souls' Hospital, Morristown, and consulting oculist of Memorial Hospital, Orange. He severed his connection with St. Michael's Hospital in 1919, and shortly afterward opened offices with his son in the Medical Arts Building at 1019 Broad street. Clubs to which Dr. Sutphen belonged included the Practitioners', the Essex County Medical Society, New Jersey State Medical Society, New York Academy of Medicine and the American Ophthalmological and Anthological Societies. He was made a Fellow of the American College of Surgeons in October, 1920, being one of six Jerseymen thus honored.

WILSON.—In Bridgeton, N. J., July 28, 1922, Dr. Stacy M. Wilson, aged 72 years. Dr. Wilson graduated from the University of Pennsylvania Medical School in 1869. He

was a member of the Cumberland County Medical Society, the Medical Society of New Jersey and the American Medical Association. He was a veteran of the Civil War.

Personal Notes.

Dr. Clarence A. Hofer, Metuchen, has opened an office at 419 George street, New Brunswick, for treatment of diseases of the stomach and intestines.

Dr. P. A. D'Acerno, Weehawken, has issued a report of his paper on "The Symptom Pain in the Diagnosis of Appendicitis."

Dr. Alex MacAlister, Camden, was registered at the Banff Springs Hotel, in Canada, last month. He writes glowing reports of his California and Canadian Rocky Mountain trips.

Dr. H. Crittenden Harris, Glen Ridge, and wife have returned from Swampscott, Mass.

Dr. Frank C. Johnson, New Brunswick, has opened an office at 419 George street, that city.

Dr. Ellery N. Peck, Boonton, and wife spent some time last month at Cape Cod.

Dr. Murray E. Ramsey, Westfield, and wife made a visit in Richmond, Va., last month.

Dr. Henry P. Dengler, Springfield, has been reappointed school physician for the local school.

Dr. Fred A. Pringle, Cedar Grove, has been appointed superintendent of the Essex County Hospital for Contagious Diseases at Belleville.

Dr. Clarence A. Birdsall, Caldwell, and wife spent two weeks, last month, at Barnegat.

Dr. William R. Broughton, Bloomfield, and family spent last month at Poland Springs.

Dr. Ellery N. Peck, Boonton, and wife spent a part of last month at Barnegat.

Dr. Joseph Marcus, Atlantic City, had a paper in the New York Medical Journal last month on "Medical Aspect of Carious Teeth in Infancy and Childhood."

Dr. Edgar C. Seibert, Orange, and family spent the month of August at Gloucester.

Dr. Theodore B. Fulper, Hampton, spent a few days last month at Asbury Park.

Dr. George E. Galloway, Rahway, and wife spent a few days recently at Greenport, Long Island.

Dr. R. J. Faulkingham, New Brunswick, spent the month of August at Boothbay, Me.

Dr. Aaron Parsonnette, Newark, was severely injured when his automobile collided with another auto at Lock Arbor last month. His wife and the chauffeur escaped injury. First aid was given the doctor by Dr. G. W. Potts, of Asbury Park, and he was taken to the Long Branch Hospital. A deep gash on the forehead, contusions of the eyes and lacerations of the left leg, caused by flying glass from the shattered windshield, were the extent of the doctor's injuries. Dr. Parsonnette's car was coming down the hill at a moderate rate of speed, and suddenly veered into the standing automobile. The windshield, fenders, frame and motor of the doctor's car were wrecked, and the rear-end of the standing car was also badly damaged.

Dr. Fred A. Sutton, Orange, and wife returned last month from a three weeks' stay at Lake George.

Dr. Earl S. Hallinger, Haddon Heights, is taking a three months' course specializing on ear, nose and throat, in Vienna. He will return the last of this month.

Dr. Herbert E. Reddel, Newton, and family are on a motor trip to Buffalo and the West, to be gone three months. The doctor will retire from practice on account of ill health.

Dr. Benjamin F. Seaman, Raritan, and family, after spending the summer in Maine, have returned home.

Dr. Russell E. Titman, East Orange, and family have returned from a trip to the Great Lakes.

MEDICAL EXAMINING BOARDS' REPORTS

	Exam.	Passed.	Failed.
Alaska, March	2	2	0
California, April ...	14	7	7
Colorado, April	13	10	3
Dist. Col., January. 10		7	3
Hawaii, April 3		1	2
Missouri, January .. 32		28	4
North Carolina, June 45		37	8
Nevada, May 6		5	1
Oklahoma, April .. 4		3	1
Porto Rico, April .. 2		2	0
Virginia, June 45		45	0
Wisconsin, January. 17		14	3

To pass any state board examination successfully only one thing is essential: the correct answers to the questions.

The purpose of an examination is usually to find out what facts a man knows—but of what use are facts without judgment?

Not "has he the facts?" but "can he use the facts?"

Public Health Items.

Newark Health Report.—The Board of Health reports the following for the month of June: There were 370 deaths during the month, the death rate being 10.3 per 1,000 of population; 83 were under 5 years of age; 18, from 5 to 14 years; 16, from 15 to 24; 79, from 25 to 44; 100, from 45 to 64; 74, 65 years and over. The principal causes of death were: Tuberculosis, 47 cases; cancer, 35; apoplexy, 19; organic heart disease, 36; pneumonia, 10; diarrhoeal diseases (under 5 years), 13; Bright's disease and nephritis, 19. There were reported the following cases: Gonorrhea, 84; syphilis, 42; chancroid, 2. There were 949 births during the month.

New Jersey Health Report.—The report for the month of May shows 3,364 deaths, of which 406 were of children under one year of age; 209 over one and under five years, and 1,247 aged sixty years or more. The principle causes of death were: Diphtheria, 40 cases; tuberculosis, 321; cancer, 260; pneumonia, 199; Bright's disease, 274; diseases of the nervous system, 364; of the circulatory system, 560. Report for June—There were 2,339 deaths reported; 388 of children under one year, and 173 between one and five years of age, 964 of persons aged sixty and over.

This is a decrease in deaths of more than 500 from that May, and the decrease was largely in diseases of a communicable nature.

The Bureau of Venereal Disease Control reported 733 cases of gonorrhea treated in May and 710 in June; 1,417 cases of syphilis in May and 1,547 in June; 4 cases of chanoroid in May and 1 case in June. Thirty-three persons committed suicide during June.

Insanity in London.—The total number of insane patients in London, reported January 1, was 18,349 (7,423 males and 10,926 females) as compared with 17,916 on January 1, 1921.

Public Health in Spain.—In a recent lecture, Dr. Cesar Juarros, the Madrid neurologist, discussed sanitary conditions in Spain. Tuberculosis has shown an increase in its mortality from 7,700 in 1911, to 8,200 in 1915, 9,800 in 1920. Typhoid fever showed a similar increase from 4,500 in 1911, to 5,100 in 1915, and 6,998 in 1920. A similar situation prevails as regards malaria and smallpox.

Tobacco Angina Pectoris in Women.—A recent editorial in the *Journal des Practiciens* of Paris states, "We have recently seen two young women with angina pectoris for which tobacco was responsible. As the women were young and not syphilitic, they have apparently thrown off the disease."

Prevention of Delinquency.—The National Committee for Mental Hygiene, through a recent gift from the Commonwealth Fund, has been enabled to establish a new department to be known as the Division on the Prevention of Delinquency. This division will furnish psychiatric service to a limited number of juvenile courts throughout the country, free or on a cost-sharing basis when requested. The selection of courts will depend largely on the interest shown, and the prospects for the establishment of a permanent clinic at the expense of the community. A demonstration clinic, including a psychiatrist, a psychologist, and a psychiatric social worker will be assigned to each court to which it is possible to render such aid.—*Mental Hygiene*.

Medico-Legal Items.

Legal Liability for Venereal Disease.—Legal liability for the transmitting of venereal disease has been established and upheld by both civil and criminal courts recently, according to a report issued by the United States Public Health Service. In Oklahoma a man has been sentenced to five years in the penitentiary for infecting a girl with syphilis. In Nebraska the court upheld a physician who warned a hotel keeper that one of his patients, a guest in the hotel, had syphilis and had refused treatment and was consequently a menace to public health. In North Carolina a woman has been awarded \$10,000 damages against her husband for a similar infection, and the supreme court has upheld the judgment. The report further states that twenty states have adopted laws forbidding persons with venereal disease to

marry. New Hampshire, New Jersey, North Carolina, Oregon, Washington and West Virginia have acted through their state legislatures during the past year. A similar bill is pending in Florida. All of the twenty states, however, do not require medical examination and certification that the applicant is free from venereal disease.

Evidence as to Physician's Attendance Under Indemnity Policy.—In a claim under an accident and sickness policy providing for a payment for total disability should the insured be confined within his house by disease and "therein regularly attended by a qualified physician," the evidence was conclusive as to the disease, but uncertain as to the necessary confinement to the house. As to the requirement of attendance by a physician therein the evidence showed that during the period claimed for, the plaintiff was never attended at the place of confinement by a qualified physician, but merely communicated through members of his family with his physician over a telephone, and that subsequent to a period of two weeks during which he testified he was confined to his house, he visited his physician on an average of twice a week during the term of his disability. The Appellate Division holds that this evidence failed to establish one of the necessary requirements to recover under the policy, namely, that he was regularly attended by a qualified physician during his illness.—*Campana v. Ridgely Protective Assn.*, 186 N. Y. Supp. 82.

Physician's Testimony as to Patient's Declarations as to Cause of Injury Inadmissible.—The Court of Errors and Appeals of New Jersey states that the general rule to be that the declarations of a patient as to his symptoms, made to his physician or surgeon for the purpose of treatment, are admissible in evidence, since they derive some credibility beyond that of hearsay from the fact that the patient expects his physician or surgeon to be guided by such declarations in administering remedies and so has an incentive beyond the ordinary obligation to tell the truth. "But when such declarations are made, not for the purpose of treatment, but for the purpose of leading the physician or surgeon to form an opinion to which he may testify as a witness for the defendant, not only is this reason for credibility absent, but instead of self-interest becomes a motive for distortion, exaggeration, and falsehood. Hence it is the better conclusion that declarations made under such circumstances are not competent evidence on behalf of the declarant." The rule is approved by Prof. Wigmore on Evidence, who cites the opinion of the Supreme Court of Massachusetts in *Roosa v. Loan Co.*, 132 Mass. 439, holding that the statement by a patient to his physician of the cause of an injury from which he is suffering is inadmissible as evidence of that cause in an action for the injury. It is therefore held, in a prosecution for procuring a miscarriage, that a physician's testimony as to the woman's statement to him, when he attended her, as to the cause of her condition, was inadmissible.—*State v. Bruick* (N. J.), 114 Atl. 547.



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ORATION IN SURGERY

Delivered at the 156th Annual Meeting of the
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THE MODERN SURGEON

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To an audience made up of representatives of all the different departments of medicine it seems hardly fair to present a purely surgical paper, which would appeal to but a small percentage of the listeners, and I have, therefore, determined to attempt to give you what would seem to me should be the characteristics of a surgeon of today and discuss his relation to the rest of the body medical.

No attempt will be made to indicate to you the great advances made in surgery during the past fifty years and its consequently greatly increased field. Those of you who graduated thirty years ago have witnessed the growth of the surgical domain, and those of you who received your diplomas more recently are familiar with the history of it. With this change in the field of his activities there must have been a change in the surgeon himself, and the surgeon of today and tomorrow must come to his work with a far wider knowledge and training than his predecessor of a generation ago. Formerly a practical knowledge of anatomy, a poorer one of pathology and a certain facility with his hands, together with a fair judgment as to when and how to use them, were considered sufficient to enable one to style himself a surgeon. No such equipment today would inspire sufficient confidence,

even in the laity, to enable one to obtain recognition.

Surgery, like all other specialties in medicine, is best practiced by the man who has had the broadest kind of foundation in the basic sciences of anatomy, biology, physiology, chemistry and pathology, and who is familiar with the work being done in other fields of medicine. It is, of course, true, and it goes without saying, that he must possess dexterity and have developed a proper surgical technique, but these are the essentials most easily acquired.

"Surgical judgment" is an expression familiar to you all and is considered by the wise the highest compliment that can be paid a surgeon. It is supposed by some that this comes with years, that it attaches itself almost unconsciously to the man doing surgery constantly over a long period and that it is not a thing which can be taught or learned early. Let us entertain no such erroneous idea of this finest of qualities in a surgeon. This judgment does not rest on the number of operations performed or the years during which they have been done, but rather on the knowledge one has of normal physiological processes, of pathology and of general medicine. Experience, it is true, is the greatest of all teachers, but what is experience? It certainly is not simply time spent in an occupation or the amount of product turned out in a certain number of years. It is, I take it, the ability to observe, to estimate at their proper value the things observed, to consider them in relation to established laws and to remember them. It is also important to develop a philosophical mind and to pay constant attention to medical literature. The surgeon, who is so busy operating that he has not time for the proper pre and post-operative study of his cases, and who is

too busy to read and to see the work of others, is a man of limited experience, however occupied he may be in the actual performance of operations. The man who has removed the greatest number of colons may be the best man one could have to remove his colon, but he might, if he does not possess the kind of surgical judgment we have in mind, at the same time, be the worst man one could choose to determine whether his colon should be removed. This type of illustration might be applied to any field of surgical activity. I have only taken the colon, as it has been much in the professional and lay mind in recent years. My own judgment would be that the removal of the colon to cure constipation is comparable to the removal of the ovaries to cure dysmenorrhea. How the fad of oophorectomy to cure all female ills survived so long is hard to understand. Can one imagine the success of an attempt to popularize the analogous operation in the male! It is true that the normal testis has recently been removed, but only to be transplanted into a new and sterile field, where it is hoped it would retain its fertility and give to its new host a new virility. But this is a long cry from the removal of both testes to cure backache.

The modern surgeon is exposed to temptations that he of fifty years ago did not know, for now-a-days with a fair technique and an aseptic habit nearly any operation can be done without the fear of a fatal infection. It is this degree of safety which exposes us to the danger of falling into the habit of doing unnecessary operations and of developing a fad for doing a particular operation in the absence of proper indications, just because we do it well and with no mortality. A peculiar facility in the performance of an operation puts a surgeon too often in the category of the proverbial doctor who was "hell for fits."

The mere development then of the ability to perform certain operations, with a fair degree of safety and the constant performances of them, does not alone constitute experience, nor does it possess one of surgical judgment. To the ability to do the operation must be attached the knowledge which permits one to determine the indications for it in the individual case.

It is far more important to teach the student of medicine the indications for

and against operation and differential diagnosis and to inculcate in him the diagnosis habit rather than to teach him the steps of operative procedures, because he naturally practices what he is taught. This admonition does not apply alone to those engaged regularly in teaching students, but to everyone having younger men working under them as internes and assistants, every such person is a teacher and often is the one who is listened to and observed with much more interest and attention than the man occupying a "teaching position." Every hospital surgeon should consider himself a disseminator of surgical knowledge, not a simple demonstrator of surgical technique. Many a young man's promising future in surgery has been thwarted by the careless methods employed by the man under whom he has served as an interne or an assistant. These young men should be taught surgical judgment and should be encouraged to observe and to record their observations, to exercise in every case under their care the knowledge which they are supposed to possess. If this is not done they naturally, in most instances, become careless automatons doing operations perhaps well, but regardless of conditions, taking out appendices to cure duodenal ulcer, doing gastro-enterostomy to cure the gastric crises of tabes, removing hemorrhoids for cancer of the rectum, performing Caesarean sections to save labor pains, removing colons to cure neurasthenia, plating fractures that need no plating, etc., etc. Such surgery and such surgeons do nothing to advance even the art, let alone the science, and do much to discredit real surgery.

The modern surgeon must be a diagnostician. The late H. C. Wood said the difference between a surgeon and a physician was that the one worked with his hands and the other with his brains. If this were ever true, it is not true today and it must not be true tomorrow. Medicine can only be advanced by the working together of the internist, the surgeon, the chemist, the pathologist, the physiologist and the roentgenologist, and each must work with his brains, as well as with his hands; each in weighing facts and drawing conclusions must use all the knowledge he has and can obtain from others.

A diagnostic habit and ability must be

early established and regularly enlarged by the would-be surgeon of to-day. Most of the mistakes we surgeons make result not from a lack of knowledge, but from a failure to use it. How many of us have not looked back with shame and chagrin at the removal of a primary malignant growth in the presence of a metastasis, the existence of which a careful examination or an x-ray study would have revealed? Or how easy it is to fall into the habit of doing "exploratory operations" to find out what a little study or the exercise of a little knowledge would have shown us.

The modern surgeon must not enlarge, but rather curtail his list of emergency operations, that is there done without a careful study of history, of signs and of symptoms. A diagnosis should be made, if possible, and a relative diagnosis, if a positive one is impossible, and the reasons for it given. Hemorrhage and obstruction of the passages stand nearly alone as indications for immediate operation. Never to worry one's mind about the diagnosis, but simply to "open and see," often means unnecessary operations and does nothing to develop one's surgical judgment and enlarge one's experience. To make a wrong diagnosis is better than to make no diagnosis at all. If a young surgeon would write down his diagnosis, his basis for it and his reasons for operating in his first 200 cases, and then his findings and results he would possess more surgical judgment and experience and be a better surgeon than the man possessed of the same knowledge and same operative skill, who performed 1,000 operations without this exercise of his brains.

Mark Twain said if one did not open his letters until two weeks after their arrival, only one-third would require answers; if one studies his cases before operating he will certainly operate upon fewer and he will greatly reduce his surgical errors. It is the inexperienced surgeon or occasional operator who takes risks, and yet he is the last one who should. The lessened mortality rates of certain clinics is not due to unusual skill or to the selection of cases, but to careful study and preparation. The time to obviate post-operative complications is before the operation.

I believe a survey of the recent contributions to surgical literature from the hands of men of recognized ability will

show distinctly a tendency toward the development of surgical judgment. A notable example is to be found in the surgery of the breast. The man who removes a breast in a young woman for a benign tumor is not saving her from a cancer death, but is doing an unnecessarily mutilating operation, when a simple one would have relieved the patient of her trouble. I should like in this connection to indorse and emphasize the following paragraph from a recent paper by Peck and White (*Annals of Surgery*, June, 1922: "We have long believed that unnecessary mutilation by the performance of radical operations for these distinctly benign conditions was unwarranted, and speaks for lack of ability or confidence in diagnosis by the surgeon, rather than consideration for the future comfort and safety of the patient."

The removal of a certain disease from the category of those requiring extensive, mutilating and dangerous operations and the putting of it in the class which can be cured by simple and safe methods represents real surgical advance. Take for example the so-called myeloid sarcomata of the long bones for which amputation was considered, until recent years, the proper treatment and compare this operation with the simple removal of the growth which recent study has shown to be quite sufficient, as the tumor is really not malignant. Again think of the amputations and the resections of joints in our Civil War and then of their comparative rarity in the recent great war. And I would cite one other recent example of surgical advance and the exercise of surgical judgment. Up to the time of the great war there had been developing for years a tendency to operate upon and plate most simple fractures, a pernicious tendency which it seemed nearly impossible to stem, but with the enormous experience afforded by the war it was easily shown that this method of treatment should be greatly curtailed, and we passed back to the use of our brains and revived the mechanical and anatomical knowledge in the treatment of fractures, which for a time many of us had lost in our craze to apply a plate.

The surgery of the future is not going to rest on further development of surgical technique or the invasion of new fields, but on an increased knowledge of disease, its causes and manifestations,

and the men who are going to advance surgery are those who learn early in their careers to use their brains, as well as their hands, and who make their brains direct their hands.

The day is passed, if it ever existed, when a surgeon must do a certain operation at the request or direction of another, and the surgeon of today who operates for any other reason than that he believes the operation indicated, after careful study of all the facts and evidence, or who operates on the judgment of another, becomes a menace to society, a disturbance to surgery and a man without the respect and confidence of those who are able to judge ability.

Self satisfaction, which is always based on lack of knowledge and experience, is a dangerous characteristic in a surgeon, especially a young one, for it usually means arrest of development, for it is only dissatisfaction with one's accomplishments which stimulates him to effort. Self-confidence in a surgeon is, however, an asset and does much to help him through difficult situations and to devise new methods.

In conclusion, I would suggest that the surgeon who does an unnecessary or wrong operation should be obliged to look after the patient for the rest of his or her life and not be permitted to turn the patient over to the long-suffering family physician. If this plan could be put into practice and if all surgeons studied their ultimate results, surgical judgment would be a common characteristic and surgery would be enormously advanced.

THE MODERN DIAGNOSIS AND TREATMENT OF GONORRHEA IN THE MALE.*

By Charles H. de T. Shivers, M. D.

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Specific urethritis, or the infection of the male urethra, due to the gonococcus of Neisser, is one of the oldest diseases known. It is mentioned in the Bible, and has been described by Greek and Roman writers, but it was not until 1878 that

the germ of this disease was isolated by Neisser. Gonorrhea occupies a lowly place as a killing disease, but unfortunately commands a very high position as a cause of disablement and ill health.

The treatment of gonorrhea has undergone many changes in recent years, innumerable remedies have been advocated for the treatment of this disease, and when such is the case one is safe in concluding that none of them are satisfactory. Practically every drug in the pharmacopeia, which held out the slimmest hope of achieving palliation or cure, has been tried out. The treatment of gonorrhea is still very much in the experimental stage. If a case is seen before the discharge is fully established a rapid and complete cure is a matter of no very great difficulty, but after the disease is once established, and the gonococcus has entrenched itself beneath the epithelial lining, and in the innumerable natural harbours of its human culture tube, the problem of its rapid and successful eradication has not yet been solved.

The general practitioner should realize the seriousness and wide-spread effects of this disease, and those who attempt to treat it should post themselves well on the anatomy and pathology of the urogenital tract. Cases reporting with gonorrhea should be given a most careful examination, and explicit directions as to further treatment, habits of living, etc. The examination should consist, first, of a careful history of all cases regardless of the stage of the disease; although the older the disease, the more reliance is placed on the history. In cases reporting with their first infection, the time of the first subjective symptoms noticed should be recorded on the history, as well as the date of the appearance of the discharge and the date that the patient was last exposed. The present symptoms, if any, should also be written down. If the case is a chronic one a careful previous venereal history should be taken, noting the number of infections, the intervals between them, the treatment the patient has received and his condition prior to his last attack. There should also be noted any previous complications. The chief complaint and the history of the present illness should be taken in detail.

There is nothing more important in chronic gonorrhea, and in acute exacer-

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tations of a chronic condition than to locate definitely and make a correct diagnosis of the condition of the parts of the genital tract responsible for the trouble. After this is once correctly done, treatment is relatively easy. For example, it would be foolish to treat a man's urethra alone with irrigations and pay no further attention to his genital tract, when he suffered from a chronic prostatitis or seminal vesiculitis, or to massage a man's prostate, when the real cause of his trouble was a stricture of the urethra. Next, after the history, comes the inspection and examination of the patient's genitourinary tract. If there is a urethral discharge, its character should be noted on the history, and smears should be taken in all cases; when the urine should be passed in two glasses and its condition noted on the history. A careful examination should be made along the shaft of the penis, and in the perineum for swellings resulting from periurethral infections. The inguina region should be examined for any infection of the glands; also the contents of the scrotum, noting anything abnormal with the spermatic cord, epididymis or testicle.

If the case is a chronic one and there is no visible urethral discharge a thorough examination should be made of the entire urethra, using either a cystourethroscope or a simple endoscope. This examination should be a complete one, extending from the bladder neck to the meatus. The pathological conditions which are most commonly found in the deep urethra should be noted, such as (a) generalized hypertrophy of the mucous membrane, or localized hypertrophies known as polypi. (b) Granular areas found in long-standing cases. (c) Small sinuses running out of the deep urethra into the substance of the prostate. Some of these are dilated prostatic follicles, others the remains of old abscesses. (d) Abnormalities of the verumontanum (1) congestion (2) distortion (3) infection of the utricle (4) infection in and about the openings of the ejaculatory ducts. (e) The membranous, bulbous and pendulous urethra should be inspected for strictures and any infection of the urethral glands or follicles should be noted. Then in chronic cases and those of acute exacerbations comes the examination of the prostate and seminal vesicles by rectal

palpation. Their condition, as to size, etc., should be noted on the history. Smears should be collected from them and sent to the laboratory for examination. This examination of the contents of the prostate and vesicles is most important, as they may feel perfectly normal to the examining finger, yet harbor much infection, as is demonstrated under the microscope. The finding of pus cells in any of these slides means infection.

The smears, as a means to diagnosis, are all important in acute cases, and in most cases of acute exacerbations of a urethritis, for in them the gonococci are generally plentiful, occurring as diplococci within the pus cell. Many pairs are usually seen in one cell. In preparing these slides for examination one can use either methylene blue or gram's stain. The latter stain is the safer when in doubt as to the organisms present, as the gonococci are gram negative. One finding gram negative intracellular diplococci in a smear made from the male urethra is perfectly justified in making a diagnosis of gonorrheal urethritis. In the chronic cases these organisms are very hard to demonstrate in smears obtained from the urethra, urine, prostate or seminal vesicles, and it is in this type of cases that it is best to call on additional aid before a diagnosis can be made. Just because the organism cannot be found in the smears is no proof that they are not present somewhere in the genito-urinary tract. I have been of the opinion that the germ of gonorrhea may persist in the urethra and its adnexa for years, in fact I have had many cases to prove this assertion. This point was brought out very forcibly during the recent world's war, and reported by me at that time, that is, that men entering the service free from all evidence of infection, had had without further exposure a recurring urethritis, due in most cases to an old latent infection of the prostate and vesicles, which had been improperly treated, or, in most cases, not treated at all. Dr. Ernest Paul², in his article on chronic infection of the male urethra, states that the frequency with which gonococci were demonstrated in his series of cases during their course of treatment disproves entirely the statement of Keyes, quoted by Barringer, in Cabot's urology, in which he says he believes the gonococcus does not persist

in the male urethra for more than three years, while in at least 90 per cent. of the cases it disappears, with, or without treatment, within a year. Stokes comes much nearer the truth when, in discussing gonorrhea, he states that in the sociology of the disease, "gleet" is its most dangerous stage.

It is safe to consider all cases of chronic urethritis infectious until we can by our present methods of diagnosis prove them otherwise. In this class of chronic cases where we are unable to demonstrate the germ of gonorrhea in the smears, we fall back on cultures as an aid to diagnosis. The patient from whom a culture is to be obtained should be instructed to report to the physician in the morning, with urine in his bladder that he has retained throughout the night. The doctor before making the culture should have at hand several slants of blood agar, a platinum loop and a bunsen burner. The patient's glans penis is thoroughly cleansed with soap and water, he is instructed to strip the urethra gently and if any drop appears at the meatus it is collected on the sterile platinum loop and transferred to the culture tube. The patient is then instructed to void a small portion of his urine in a glass, thus washing out the contents of the deep and interior urethra. The urine collected is immediately centrifuged in a sterile tube and a culture made from the sediment. The next step is to place the patient in position for a prostatic and vesicular massage, and as the secretions appear at the meatus they are collected on the sterile loop and transferred to the culture media. Before giving the massage it is sometimes best to wash out the urethra and bladder with sterile water, allowing some to remain in the bladder during the treatment, for the secretions of these glands may go back into the bladder, and in this event the patient can void following the massage.

As you all know the gonococci are very hard to grow, and great care should be taken in making the cultures, but if they are properly and repeatedly done they are a great aid in the diagnosis of this disease. A man presenting evidence of a chronic urethritis or prostatitis should be treated regardless of the infecting organism, and it is often possible that during the course of such treatment the gonococci can be demon-

strated either in smears or cultures, when the first few examinations may have proved negative.

The complement fixation test has its value as an aid to diagnosis, but like all other tests of this nature great care must be taken in selecting the antigen, for on this the worth of the test depends. In an article by Schwartz and McNeil³ on the complement fixation test they state that tests carried out proved that different strains of the gonococcus differs markedly from one another, therefore, if one strain is used in preparation of an antigen, a great many negative results will be obtained in a positive case. They say that there are other strains of gonococci differing widely from any present in the polyvalent antigen, so at times a negative result may be obtained in a positive case.

Kolmer⁴, in his second edition on infection and immunity, states that there is seldom a positive reaction with this test during the first four to six weeks of an acute anterior or posterior urethritis, in the absence of complications; and in acute exacerbations of chronic urethritis the reaction is positive in about 80 per cent. of the cases. In ordinary chronic urethritis, with mild infection of the prostate gland, the reaction is positive in from 30 to 40 per cent. of the cases. In chronic urethritis, complicated by marked involvement of the prostate gland and epididymis, the reactions are frequently positive, occurring in from 50 to 80 per cent. of the cases.

In a recent study of the complement fixation test for gonorrhea, which will be published shortly by Dr. Kolmer and myself, we found that out of thirty-three cases with acute gonorrheal urethritis, the duration of infection was from three days to six weeks. Fourteen of these cases gave a positive reaction, and nineteen a negative reaction; or 42 per cent. positive and 58 per cent. negative. Only nine patients gave a history of previous infections. The shortest interval was one year and the longest twelve. There were sixty-five cases suffering from chronic infections, forty-three of these gave positive reactions and twenty-two were negative; or 66 per cent. positive and 34 per cent. negative. The earlier positive reactions in this group of acute cases is attributed to a more sensitive antigen employed by Dr. Kolmer.

There is no question but that a single negative reaction in a suspected case has no value, but repeated negative reactions in the absence of clinical signs of gonorrhea are of great value. On the other hand, a single positive reaction, even in the absence of clinical signs, is of the greatest importance, and indicates sensitization by gonococci (providing vaccines have not been used). In none of our cases were false positive reactions reported.

I have tried to point out the value of the various methods used in the diagnosis of gonorrhea in the male, and the comparative value of each method, but let me call your attention again to the great importance of making a proper diagnosis, by finding the parts that are responsible for the trouble, if it be a chronic case, and treating them accordingly.

Now that the diagnosis has been made we will next turn our attention to the treatment of this infection. In the acute stage the diet should be restricted, all highly seasoned foods, alcohol and tea should be avoided. The bowels should be opened daily with an appropriate laxative, and bodily exercise restricted. It is most important to avoid all forms of sexual excitement, and the patient should be thoroughly instructed on this important point. A well-fitting suspensory must be worn at all times, when the patient is up and about. Moderate exercise may be resumed usually on the tenth day, or as soon as the acute symptoms subside. The medical treatments includes antiseptics, sedatives, aperients and diuretics. It is my custom to give a prescription containing ten minims of oil of sandelwood and five grains of urotropin in capsules, after each meal, but lately I have substituted helmitol for urotropin, and think with better results. If the balsamics produce any gastric or renal disorders they should be discontinued at once. The burning of the urethra is best controlled by drinking large amounts of water and simple alkaline mixtures are sometimes helpful. When a patient is troubled with painful erections, he should be instructed to sleep on a hard bed, and use very few covers. The thorough emptying of the bladder before retiring is also helpful. The drugs best used for this condition are bromides and tinct. opium at night. For hemorrhages from the urethra, mor-

phine and ergot may be used hypodermically, and oil of erigeron internally.

The local treatment consists of urethral irrigations and injections. Great care must be taken not to treat the posterior urethra too early in the disease, though it may be involved, for fear of undue irritation. The anterior urethra should be thoroughly treated first, and as soon as the acute symptoms subside the solution can be given through to the bladder. During the acute stage the patient reports to the physician once a day for a copious irrigation of the anterior urethra, with a mild cleansing solution, following this a more efficient germicide should be injected, filling comfortably the anterior urethra, and retained for several minutes. The patient should be given a solution of a milder germicide for home use, and instructed to use it as an injection following every other irrigation for the first few days, provided the burning is only transient. Smears should be taken from the urethra and examined each day, and as soon as the gonococcus disappears from the pus cell and the discharge becomes watery or mucous, an astringent solution should be substituted. The patient should report as usual to the physician for germicidal injections to kill any remaining gonococci.

The patients with an acute exacerbation of a urethritis should be treated in the same manner as the acute cases until the acute symptoms subside, when treatment to the posterior urethra may be instituted. If the prostate and vesicles are involved they should be treated accordingly.

In the treatment of chronic gonorrhea we have our largest field of operation. In practically all of these cases the prostate is infected, and in a large percentage the seminal vesicles. These patients should be given massage twice a week preceded or followed by a total irrigation of the urethra. If we are dealing with an old chronic infected vesicle, and after prolonged massage there is very little improvement, we are then justified in resorting to surgical means to effect a cure. The simplest method is to puncture the vas and medicate the seminal vesicle on that side with an appropriate germicide. The puncture is best done about midway between the epididymis and the external ring. The vas is isolated by stripping the coverings of the structure in the longitudinal direction

along the long axis of the cord. A small needle is inserted into the lumen of the vas and about 20cc of a solution injected. This procedure will often clear up a seminal vesiculitis, which has resisted all treatment for years.

In all cases of chronic prostatitis and vesiculitis there exists an infection of the posterior urethra, in fact the symptoms of a chronic posterior urethritis may be the only ones complained of by the patient. If after examination of the deep urethra we find involvement of the verumontanum, distortion, enlargement, etc., we can alternate our massage and irrigations with local applications of silver nitrate, 1 to 20 per cent., to the parts affected, or if this fails we may resort to the use of the high frequency current with good results. As soon as the urines clear in these chronic cases, sounds should be used, with the idea of expressing the contents of the urethral glands and follicles, increasing the blood supply to the parts, and aiding in the absorption of any infiltrated tissue.

There are many drugs advocated for the treatment of this disease, but those that have been given the most prominence are potassium permanganate, silver nitrate, flavines and other dyes, organic silver compounds, zinc salts and those of copper and slum, and mercuraphen, a new germicide⁵, which has not been mentioned in the treatment of this disease until recently. I have found in my work that the best results have been obtained from the use of potassium permanganate in conjunction with mercuraphen; the value of the last-named drug I reported on recently in the treatment of gonorrheal urethritis⁶. In acute gonorrheal urethritis the injection of mercuraphen is preceded by an irrigation of the anterior urethra of a warm 1:8000 potassium permanganate solution. This cleanses the parts and dissolves the plugs of mucous in the mouths of the glands. One or two drachms of a 1:5000 solution of mercuraphen is then carefully injected and held in the anterior urethra for five minutes. The patient is then given a 1:9000 or 1:10000 solution for home use. In my series of acute cases the minimum number of days to free the discharge from gonococci was one, the average $11\frac{3}{4}$ days. All cases, with the exception of three, showed a considerable decrease in the number of infected cells per field H. P., after the first and second treatment.

Vaccines in the treatment of gonorrhea are very much in the experimental stage, and from my own personal experience I have very little faith in them. However, I do feel that they should be given in certain selected cases, with an idea of increasing the individual's resistance, especially in those cases that show systematic infection. But one must never lose sight of the fact that the most important part of the treatment should be directed to the foci of the infection.

In concluding this paper I wish to say a few words about the treatment of the more common complications of gonorrhea. First epididymitis, which is an extension of the infection from the posterior urethra, through the ejaculatory duct and down the vas to the epididymis. The globus minor, or tail of the epididymis, is generally first involved in the infection, later on extending to the body and head of the epididymis. There generally accompanies this infection an acute hydrocele, but the testicle is never involved, except for a slight congestion at times. The palliative treatment of this condition consists of absolute rest in beds, elevation of the scrotum by means of a bridge made of adhesive plaster, extending across the upper part of the thighs, and the local application to the inflamed area of a warm saturated solution of magnesium sulphate, which may be alternated with lead water and laudanum, depending on the relief given the patient. The bowels should be kept open, and the patient placed on a soft or liquid diet, depending on his general condition. All local treatment to the urethra should be discontinued during the attack, and for at least two weeks after the patient is up and about. In cases that do not respond well to this treatment and where the systematic reaction is severe, or in chronic recurring types, operative treatment is our best choice. This is done by making a vertical incision over the junction of the globus major with the testis. The incision is two to three inches in length and is made through the skin down to and including the tunica vaginalis. If a hydrocele exists, which is the rule, the tunica vaginalis is opened and the hydrocele fluid allowed to escape. The swollen epididymis with testicle is delivered from the sac. The abscesses are easily located. Multiple small punctures are made in the epididymis, with a cataract knife, and if pus escapes the opening is

enlarged by the use of a blunt probe. I generally irrigate the openings made in the epididymis with a mild germicide. The testicle is then replaced, and a small rubber drain placed along the openings in the epididymis, extending to the outer wound. The skin, muscle and tunica vaginalis are sutured as one layer, with interrupted silk worm gut sutures. A bridge applied for support, and the patient put back to bed. After this operation the patient is relieved immediately of his pain, and the course of the disease considerably shortened. I have seen old chronic cases of prostatitis and seminal vesiculitis, clear up completely following this operation, but I am unable to explain the reason for this clinical result.

Strictures of the urethra are next in importance, as a complication. These are generally found in the bulbo-membranous urethra, or in the pendulous portion two and one-half inches from the meatus. Any obstruction in the urethra, not only harbors infection, but eventually means interference to the proper outflow of urine. All strictures in the bulbo-membranous portion of the urethra respond readily to dilatation, and should never be operated upon regardless of their size, unless there accompanies it an extravasation of urine, or the formation of urethral fistulas. The strictures in the pendulous urethra generally resist dilatation, and it is often necessary to do an internal urethrotomy. In treating filliform strictures of the urethra the best plan is to use a Le Forte guide and screw-tip sounds. The opening in the stricture is found with the guide, it is then passed well through the obstruction, then the sound is attached to the end of the guide and follows it through the stricture into the bladder. In this way no harm is done to the urethra. When there is once a stricture it means dilatation throughout the patient's life at stated intervals, regardless of whether he has been operated upon or not.

Just a word on gonorrheal arthritis. It commonly appears in the first few weeks of the disease. It demands immediate treatment, including complete rest. The bowels should be kept open and hot applications applied to the affected joints. Appropriate treatment to the focus of infection must be given. Here the vaccines may be of use, but I personally favor horse serum, as there is

generally a rapid diminution in the joint pains following its use, showing that the results in these cases are not obtained by the use of any specific vaccine, but to the action of a foreign protein.

1. Shivers, C. H. de T., military surgeon, September, 1919.

2. Paul, H. E. "Chronic Infections of the Male Urethra and Its Adnexa." *J. Urology*, Vol. VII-No. 2.

3. Schwartz, H. J., McNeil, A. "The Complement Fixation Test in the Diagnosis of Gonococcus Infections." *American Journal of Medical Science*, May, 1911.

4. Kolmer, J. A. "Infection and Immunity and Specific Therapy." Vol. 11.

5. Schamberg, J. F., Kolmer, J. A., and Raisiss, G. W., *Jour. Infect. Dis.*, 1919, 24, 547.

6. Shivers, C. H. de T. "The Clinical Value of Mercurophen in the Treatment of Gonococcal Urethritis." To be published shortly in the *American J. Urology*.

121 South Illinois avenue, Atlantic City, N. J.

County Medical Societies' Reports

MIDDLESEX COUNTY.

J. L. Fagan, M. D., Secretary.

The quarterly meeting of the Middlesex County Medical Society was held September 20, 1922, at the residence of Dr. C. A. Hofer, Metuchen, with a large attendance of members. The program, which proved exceedingly interesting, consisted of the following papers: "Leukemia; Report of a Case," Dr. Benjamin Gutman; "Subacute Bacterial Endocarditis; Report of a Case, With Autopsy," Dr. F. C. Johnson.

Dr. Johnson's patient was the report of a boy, fifteen years of age, who gave a history of having had rheumatic fever, first at the age of three, then at four, five, seven and thirteen years. The onset of his final illness was insidious and occurred three months before he consulted a physician, complaining of extreme exhaustion and a sudden pain in the upper left quadrant of the abdomen. The temperature was 101 degrees F., the pulse varied from 130 to 160, blood pressure systolic 85, diastolic 35. No petechial were observed in the skin or mucous membranes. The teeth were in good condition, and the tonsils and adenoids had been thoroughly removed at the age of ten. The lungs were clear. At the apex the heart sounds were loud and clear. The first sound was preceded by a short, rough presystolic murmur and followed by a loud, rough murmur filling the whole space between the first and second heart sounds. There was a systolic murmur heard at the base, loudest at the aortic area.

The temperature ran a septic course ranging from normal to 103.5 degrees F. There was doubt concerning the etiology of the pain in the upper left quadrant of the abdomen until blood cultures, showing a growth of antemolytic streptococcus, were obtained, which at once established the diagnosis of subacute bacterial endocarditis, with multiple splenic infarcts. One week before his death anaesthesia of the left leg, from the knee

down, developed, which was thought to be due to a thrombosis. The autopsy findings were as follows:

1. Chronic cardiac valvular disease, with an haemolytic streptococcus endocarditis; 2, septicaemia; 3, fibrous pericarditis hydro pericardium; 4, right hydrothorax; 5, thrombosis of the splenic artery, with splenic infarcts; 6, thrombosis of renal vessels, with renal infarcts; 7, perisplenitis; 8, chronic passive congestion of the liver; 9, cerebral thrombosis.

Dr. Johnson called attention to the outstanding fractures of his case: The difficulty of treating an infection of this nature and having for its source solid masses of bacteria and fabein, which, on account of their physical state, resist serologic action.

(Dr. Gutman's paper will appear in the next issue of The Journal.)

Dr. L. Y. Lippincott, of Metuchen, reported a very interesting case of congenital dislocation of the hip.

MORRIS COUNTY.

Marcus A. Curry, M. D., Reporter.

The annual meeting of the Morris County Medical Society was held on the evening of Tuesday, September 12th, in the amusement hall of The State Hospital at Morris Plains, President Costello presiding. The meeting was well attended by the members and there also was present the medical staff of the hospital, including those who are comparatively new to the environment and have not yet joined the society.

Two new members were elected, the welcome additions being Drs. Louis Edwin Williams of Madison and Thomas H. Thomas of Morristown.

The election of officers for the ensuing year resulted in the following official personnel:

Dr. George H. Lathrope, president; Dr. George R. Hampton, vice-president; Dr. Henry W. Kice, secretary (re-elected); Dr. F. G. Reed, treasurer (re-elected); Dr. Marcus A. Curry, reporter (re-elected.)

Annual Delegates to State Society: Drs. Laurence M. Collins, E. N. Peck, and William F. Costello. Alternate Delegates: Drs. Thomas H. Thomas, Elvira Abell nee Dean, and J. W. Farrow. Executive Committee: Drs. Marcus A. Curry, Henry M. Larson and Francis H. Glazebrook.

Regret was expressed for the illness of the treasurer who is confined in Dr. Mills' Private Hospital at Morristown, and a motion was unanimously carried that the secretary address a letter to Dr. Reed communicating to him the regrets of the members and their best wishes for his rapid recovery.

Dr. Costello delivered the customary address of the retiring president and stressed many practical points of value to the society and to the profession. The address has been sent to the Journal for publication. (It will appear next month.—Editor.)

Dr. Julia V. Mutchler stated that she had attended a meeting of the State Welfare Committee at the Essex Club of which an accurate account would reach the members through the secretary of the committee and mentioning the desire of a certain alliance to have its members treated by osteopaths and chiropractors.

Retiring president Costello was complimented on the interest he had displayed during his incumbency and for the able professional men he had secured during the year to address the meetings.

Ways and means also were discussed for bringing out to meetings a fuller attendance of members and also to speed up the delinquents so that they may not lose the benefits and advantages which accrue to members in good standing.

At the close of the session Superintendent Curry announced that a supper had been prepared in the warden's apartments and invited the members and guests to adjourn thereto, which they did with much gratification to the inner man. It was decided to hold the December meeting in Morristown.

Dr. Nicholas F. Henry, Jersey City, was the only candidate who qualified for medical inspector in Jersey City at the examination in Trenton last month. He is Lieut.-Colonel on the Governor's military staff.

PASSAIC COUNTY.

Leon E. De Yoe, M. D., Secretary.

The September meeting of the Society was held at Odd Fellows' Hall on Thursday the 17th, at 8:15 P. M. There was no scientific program, and the Society devoted itself to matters of business, which had come up during the summer, and to discussions of plans for the coming year.

The president, Dr. Marsh, named the following men to act on the nominating committee: Drs. G. E. Tuers, Paterson, chairman; J. P. Morrill, Paterson; George Davenport, Passaic.

STATE INSTITUTIONS' MEETINGS

NEW JERSEY TUBERCULOSIS SANATORIUM REUNION.

A reunion of the ex-patients, together with an inspection visit by doctors, social workers and visiting nurses throughout the State was held on Saturday, September 9, at the New Jersey Sanatorium for Tuberculosis Diseases located at Glen Gardner, N. J., and the innovation proved successful far beyond the expectation of the management. The Central Railroad provided accommodations by adding three extra cars for the 350 visitors attending, and automobiles were commandeered from the surrounding county to bring them up the two mile hill from the station to the sanatorium.

After registering, the visitors were conducted by patient ushers on a tour of inspection throughout the institution, after which a buffet lunch was served in the dining room under the direction of Mr. Milnor the steward, patients acting as waiters and waitresses. Due to the inclement weather, it was necessary to hold the exercises in the Recreation Hall instead of on the lawn as planned. Music was furnished by the Beechwood Syncopators of Elizabeth, and addresses were made by Supt. Dr. S. B. English, Burdette G. Lewis, Commissioner of Institutions and Agencies of N. J., Dr. E. S. McSweeney, New York City, Dr. Alex Armstrong, White Haven, Pa., and Dr. D. C. English, Editor N. J. State Medical Journal, abstracts of which follow.

Dr. S. B. English, in behalf of the Board of Managers, welcomed the guests and explained the work of the Sanatorium during the fifteen years of its existence, in which time over 6,000 patients have come and gone. These figures, however, carrying but little significance unless the after history of the patient was known. Some of the difficulties of the follow-up work was then related. He said he was much gratified with the results accomplished through the Social Service Department during the past year and that excellent co-operation had been extended by the various civic agencies throughout the state, many whom were represented here today. He then explained how, for classification purposes, the patients were divided into different classes as follows: 1. Incipient, (those having little tuberculosis); 2. Moderately advanced, (those having well defined tuberculosis) 3. Far advanced, (those having much tuberculosis). The number of recoveries generally estimated for the different classes are: Class 1, 75 per cent.; Class 2, 50 per cent.; Class 3, 5 per cent. to 10 per cent. The results of this institution show that in class No. 1 of 1293 cases considered, 1219 or 19 per cent. were working. In class No. 2 of 2095 cases considered, 1301 or 62.1 per cent were working and in class No. 3 of 806 cases considered, 168 or 22 per cent. were working. (Only those cases were considered whose residence at the sanatorium covered a period of thirty days or more.)

Dr. English then compared the sanatorium regime to that of a preparatory school or college, wherein one learns certain principles, the application of which after leaving the institution means success or failure, improved health or downward progress. The results obtained thus far have been complimentary to the patients in that it has demonstrated that most of them have profited by their teachings to the extent of continued good health and sustaining capacity after leaving the institution.

Comparison was then made in the death rate from Tuberculosis some years back with the present day. A few years ago the mortality in the United States from Tuberculosis was 200,000 annually, later 150,000 and now it is reckoned at 120,000. In 1879, when the first N. J. State Board of Health came into existence the death rate was 273.3 per 100,000. In 1907, the year the Sanatorium opened, 166.07. In 1912, 134.4 and in 1922, 82.4. The number of deaths from tuberculosis in New Jersey used to be numbered at 4,000 yearly. later at 3,500. Last year the number was 2708. In concluding he said, "We all rejoice in our membership in the National Tuberculosis Association with its affiliated divisions in each State, County and Hamlet." No other health organization can compare with it in organization and results.

Dr. E. S. McSweeney addressed himself to the ex-patients, telling them of the early struggle of sanatorium existence, how later judicious investigation proved their worth and how they had by such work proved the curability of tuberculosis, one of the diseases handed down from Bible times. He stressed the fact that getting and keeping well was an individual matter with each patient, and that fine buildings and equipment meant but little, provided patients failed to put forth their individual efforts.

Dr. Alex. Armstrong addressed all as fellow aptients, explaining how he himself had for a long time ought T. B. and urged all both patients and ex-patients to have the greatest respect for *Tubercle Bacillus*. He congratulated the Management of the Sanatorium on their efforts to keep abreast of the times and also spoke of the splendid results of the follow-up work.

Dr. D. C. English, representing the State Medical Society, said that the great things hoped for at the sanatorium were being accomplished, and complimented the Board of Managers and Dr. English for their splendid work and its results.

STATE HOSPITAL, MORRIS PLAINS.

Occupational Therapy Exhibit and Field Day.

The annual occupational therapy exhibit and field day of the patients at the State Hospital at Morris Plains was held on Saturday, September 16, the setting of the event being the beautiful expanse of the athletic field at the institution. There probably were not less than 3,000 men and women in attendance during the day, attracted from the various professional and lay walks of life, as a manifestation of the increasing interest of the public, which always is invited and encouraged by the management, in what the institution is doing and accomplishing for its patients, especially through its highly systematized and scientifically applied form of treatment known as occupational therapeutics.

As the exhibits and events of the day were of the patients' own making, after scientific examination and judicious assignment to therapeutic employment by the medical staff, it is easy to realize their awakened interest and aroused enthusiasm during the months of preparation and in the consummation of the day. The circus and field and track events were ushered in at 2 o'clock, with an impressive flag-raising spectacle to the accompaniment of "The Star-Spangled Banner," by the hospital band, with everyone standing uncovered at attention.

Superintendent Dr. Marcus A. Curry delivered an address of welcome, expressing his appreciation of the presence of the members of the medical profession, officials of the State and county and other State institutions, and to the public in general. Referring to the various forms of treatment employed in the State hospitals of other States, Superintendent Curry said that at Morris Plains the occupational form of therapeutics has been taken up and perhaps pushed further than any other line of treatment; that occupational therapeutics was inaugurated at Morris Plains before the war department adopted it in the rehabilitation centers for ex-service men, and undoubtedly this form of treatment had traveled further along the path of advancement at Morris Plains than at any other similar institution.

Superintendent Curry said he did not claim occupational therapeutics to be the panacea for all the mental and nervous ills, and did not claim for it par excellence; that at the Morris Plains' institution every known form of treatment has been used and is used, for the benefit of the patients, but they have taken the form known as occupational therapeutics and, perhaps, have pushed that form

more than any other. He expressed the belief that the results on exhibition were one of their best recommendations, and he felt that as the guests observed the results they would feel that it is well worth while to push occupational therapeutics. He expressed the conviction that occupational therapy builds up the physical, mental and moral condition of the patients, so that they are able to go from the institution to their homes and back to their life's work. He said that occupational therapeutics should not be conducted on a commercial basis, and he did not believe in it on a commercial basis, but he did believe in the scientific method of examining patients and placing them in various forms of therapeutic employment, as against any haphazard way of putting everyone at any task that needed to be performed, with no regard to the therapeutic value to the patient; that even though he did not believe in occupational therapy on a commercial basis, nevertheless, it has more than paid for itself in every way, shape and manner; that he considered the results obtained for the benefit and economies of the institution, as gratifying as they were, as secondary to the scientific results obtained in the recovery of patients, which is the fundamental results looked for in the occupational form, as well as any other form of treatment. Superintendent Curry thought the results accomplished justified the asking for more buildings to still further advance in occupational therapy, and that the State should make further provision.

Commissioner of Institutions and Agencies Burdette G. Lewis was introduced by Superintendent Curry. The commissioner congratulated the superintendent and the patients upon the wonderful display of results, and gave a brief resume of statistics to show the need for further buildings, indicating how the money would be raised without direct burden to the citizens of the State and stating that Superintendent Curry and the faithful board of managers were entitled to the further provision for carrying on the work of the institution. He especially commended them for the economy displayed in the expenditure of funds for the hospital's improvement and enlargement.

The exhibit, which was open to the public all day, showed many forms of occupational therapy in actual operation, stage by stage; these included the making of basketry and furniture, from the beginning of the stripping of the willows, grown on the hospital grounds, by the patients, to the finished article of useful and attractive design; rug weaving, toy making, broom making, from broom corn, grown by the patients; chair-caning, brush making, bookbinding. There also were exhibits of printing by the patients, books and forms accurately ruled; embroideries, laces, luncheon sets, all manner of fancy articles which the feminine fingers are famed. A feature and a veritable galaxy of the finer arts, for the exhibit was a living-room furnished entirely with furniture, rugs and ornamentations by the patients. All these were there in plain view, from alpha to omega.

The circus in which the actors, from ring-master to clown, were patients, was a wonder to behold, and as can easily be imagined was a riot of comedy well performed. All the known animals of the jungle were there, im-

personated by patients in a way that almost baffled the mind to imagine how such contrivances could be thought of and designed. Elephants, camels, giraffes; lions and tigers, in cages, closely guarded by dusky keepers, with spears, were freed from their wheeled dens and performed in the ring to the amusement of the throng. There were dancing horses, tightrope walkers, snake charmers and acrobats, and in the parade of all nations every species of human being was impersonated. A stellar event was a flag drill by women patients well executed and received with much acclaim. The track and field events included running at the various distances, obstacle races, jumping, wheelbarrow races, fat men's races, etc. Included were a few events for employes.

All the events were well and closely contested, with much gratification to the winners and thrills and amusement to the assembled thousands. The winners in each event were handsomely rewarded by worthy prizes, and every patient taking part in the pageant and circus and exhibit was the recipient of a favor of value for use or ornamentation.

The event was the biggest of its kind ever held at the institution, if not anywhere.

Venereal Disease Clinic, State Hospital at Morris Plains.

On September 6, in response to invitations issued to the physicians of the counties of Morris, Sussex and Warren, there were present in the amusement hall of the State Hospital at Morris Plains about thirty general practitioners and a number of nurses and laboratory technicians, to witness demonstrations of the treatment and diagnosis of syphilis, given by Dr. A. J. Casselman, A. A. Surgeon, Consultant, Bureau of Venereal Disease Control of the United States Public Health Service, co-operating with the New Jersey Department of Health, assisted by Dr. Thomas B. Christian, clinician at the State Hospital, and with the active co-operation of Superintendent Curry.

Patients under treatment at the Venereal Disease Clinic, which is maintained at the State Hospital, were made available for the various demonstrations. The purpose of the demonstrations was to enlist the more active interest of the general practitioner in the treatment of syphilis by affording an opportunity for closer familiarity with the technique in the preparation and administering of the treatments. Dr. Casselman's discussion and demonstrations were closely followed with value to those present.

Consolation.—Snow is reprinted to be falling heavily in the Alps. If we now are concerned over the possibility of a coal shortage, what would be our feelings if we were occupying a bungalow on Mt. Blanc, say?

No matter how chilly the prospect, there is always comfort in knowing one might be worse off. A Newark man with six children is worried over the prices of shoes.

Suppose he had a car!—Newark Evening News.

The trouble with patent medicines is that the patient expires before the patent.—Life.

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE.—The transaction of business will be expedited, and prompt attention secured if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR, New Brunswick.

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BOARD OF TRUSTEES OF THE MEDICAL SOCIETY OF NEW JERSEY.

An important meeting of the board will be held in Jersey City on Thursday, October 12, at 4:30 P. M. Members will receive notice of place of meeting.

A meeting was held in Newark, September 20, when medical defense and indemnity insurance was discussed and action taken that requires early reconsideration. We call special attention to Dr. Beling's editorial and to his report at the State Society meeting on pages 278-280 of this issue of The Journal.

At the September meeting Dr. Hunter reported from the trustees' committee, Drs. Hunter and English, on the hotel and rates for the 1923 annual meeting in Atlantic City, that the place of meeting will be Haddon Hall and the rates would be most satisfactory. They will be announced in our December Journal. We are pleased to state that the Committee of Arrangements have already held two meetings and that the prospects are that it will be the largest and best annual meeting that the Society has ever held.

THIS MEANS YOU AND THE EDITOR.

The vacation season is past. Let us all—officers, committees and members get busy and do business in a business-like way. Our county societies especially need to do so. Officers are not chosen as figure-heads, but for service, and their societies will prosper and command respect, as their officers do their work accurately, promptly and efficiently. and not only their work in their county society, but also in connection with the State Society and its Journal.

TEN WAYS TO KILL A MEDICAL SOCIETY.

Don't go to the meetings.

If you do go, go late.

If the weather doesn't suit you, don't think of going.

If you do attend a meeting, find fault with the work of the officers and members.

Never accept office, as it is easier to criticize than to do things.

Get sore if you are not appointed on committee, but if you are do not attend committee meetings.

If asked by the chairman to give your opinion on some matter, tell him you have nothing to say. After the meeting tell everybody how things should be done.

Do nothing more than absolutely necessary, but when members use their ability to help matters along, howl that the institution is run by a clique.

Hold back your dues, or don't pay at all.

Don't bother about getting new members. "Let George do it."—Pittsburgh Medical Journal.

CANCER WEEK.

The third week in November has been designed by the American Association for Cancer Control as cancer week, and our county societies are asked to co-operate in its observance, as last year, and even more actively. We shall not make our Journal a cancer number, as last year, because of the number of original papers that need early insertion, but will be glad to receive brief articles and reports of special cases of interest if sent before November 25.

MEDICAL DEFENSE AND INDEMNITY INSURANCE.

It is very important that the members of the Society read and carefully note the full report of the Committee on Medical Defense and Indemnity Insurance, appearing elsewhere in this issue.

The Society is to be congratulated upon having obtained so broad a contract with the United States Fidelity and Guaranty Company, of Baltimore, Md., at such low premium rates. Under the new provisions for defense of its members in alleged malpractice suits, the Medical Society of New Jersey will have two forms of protection, instead of one, as heretofore. The first form of medical defense, as contained in the medical defense act of the Society, does not provide for insuring a doctor against a judgment. For and in consideration of defense, the member agrees not to compromise or adjust the claim without the consent of the Medical Society of New Jersey, or its attorney. Furthermore, the member must bear the costs in the trial court in excess of the sum of \$250. In view of these limitations a large number of the members have sought protection in various insurance companies, whose individual rates have increased to an almost prohibitive extent.

To remedy both sets of conditions the second form of medical defense was approved by the Society at its last annual meeting. Under this form of coverage, in addition to the moral support of the Society, a member will be defended by the Insurance Company without limit of cost, and in the event of an adverse verdict, indemnified to the extent of the individual limit of his policy. He will have the right of final disposition of his case, even though it has been provided that before such action is taken by him, he shall submit it to a committee of five members.

This provision will afford a member counsel and guidance, but will not prevent him from exercising his individual rights. Under no conditions can the Insurance Company dispose of a case without the full consent of the defendant member, according to the terms of the policy. It must be distinctly understood that the terms of agreement of these two forms of malpractice defense are entirely different.

No member of the Medical Society of New Jersey is obliged or compelled to take out a policy with the Insurance Company. If he is in good standing and a subscriber to the Journal of the Society, he is automatically entitled to medical defense under the old Malpractice Defence Act. But if he desires to have indemnity with unlimited costs of suit, in addition to the moral support of the Society, he should select the second form of malpractice defense by participating in the group form of insurance. In this group form of Insurance, the Insurance Company issues a policy which is deposited with the Recording Secretary of the Society. This policy contains the contract under which certificate holders are protected. It has been approved by the Society and its legal counsel, who is of the opinion that it is both well-drawn and fair.

Members desiring information or application blanks should communicate with Mr. Louis O. Faulhaber, General Agent, 9 Clinton Street, Newark, N. J. (See pages 280 and 291 for report.)

Christopher C. Beling.

OFFICIAL TRANSACTIONS

The Official Transactions, compiled by the Secretary—Dr. Chandler—appear in this issue of our Journal and occupy so much space that we have been compelled to delay insertion of other matter which was prepared, some of which ought to have been inserted. If any mistakes appear in the Transactions as given, persons discovering them will please notify the Secretary (South Orange), not the Editor of the Journal.

The month of September was one of busiest months the Editor ever experienced and at the same time one of unusual privilege and enjoyment that enabled him to do a large amount of work without undue fatigue. Chief among these compensating pleasures were his visit to the New Jersey Sanatorium for Tuberculosis Diseases at their General Reunion of Ex-patient and Social Workers on September 9th; to the Morris Plains Hospital's Field Day, and Occupational Therapy Meeting on September 16th, and to the 25th Annual Social Session of the Gloucester County Medical Society on September 28th. Elsewhere in the Journal will be found interesting

accounts of the two State institutions' meetings from which we came away with the conviction that no similar institutions are doing better work and securing better results than these of our own State. And in reference to the Gloucester Society meeting we need only say that we always enjoy our visits with the active, earnest, fraternal men who compose that society, and the wives who are in sympathy with their work.

OCTOBER MEETINGS

New Jersey Tuberculosis League.

The fifteenth annual meeting will be held at the Robert Treat Hotel, Newark, October 20-21, 1922. October 20, 10:30 a. m. to 12:30, business meeting; 2:15 to 5 p. m., addresses: "The Generalized Nurse for Tuberculosis Work," Miss Dorothy Deming, field director, Henry Street Settlement, New York; "The Specialized Nurse for Tuberculosis Work," Miss Frances H. Meyers, R. N., supervising nurse, Tuberculosis Committee; "The Difficulties and Responsibilities of a Nurse in a Tuberculosis Hospital and Sanatorium," Mrs. Florence R. Burgess, assistant to medical superintendent, Gaylord Farm Sanatorium, Wallingford, Conn.

8:15 p. m.—"Word of Welcome," Honorable Frederick G. Breidenbach, mayor of Newark; president's address, "What a Tuberculosis Sanatorium and Hospital Can Do for a Community," Dr. H. A. Pattison, medical field secretary, National Tuberculosis Association; "The Social Readjustments of the Patient," Bailey B. Burritt, director, N. Y. A. I. C. P.

Saturday, October 21: Round table meeting of executives, with Dr. Emerson; addresses, "Nutrition Methods and Results," stereopticon lecture, Dr. William R. P. Emerson, president, Nutrition Clinics for Delicate Children, Boston; demonstration on Newark children, with mothers present, Dr. Emerson; "State Health Program," Roy C. Shaffer, assistant commissioner of education, New Jersey; "Inspection System in Newark Schools," Randall G. Warden, Newark; "The Modern Health Crusade," Henry M. Cressman, county superintendent of schools, Atlantic County. Get-together luncheon, 1 to 2 p. m.; trip to Essex Mountain Sanatorium, Verona, 2 to 5.

ACADEMY OF MEDICINE, NORTHERN NEW JERSEY.

The stated meeting will be held October 18, 1922, at 8:30 P. M. After regular business a paper will be read by Dr. Dean Lewis, of Chicago, Ill., on "Surgical Diseases of Bone."

The section on eye, ear, nose and throat will meet on Monday, October 9, at 8:45 P. M. After report of cases a paper will be read by Dr. W. B. Witherbee, of New York city, on "Principle and Drug Indications for X-ray Therapy of Tonsils and Adenoids."

The section on medicine and pediatrics will meet on Tuesday evening, October 10, at 8:45 P. M. Reports of cases: 1, preliminary report on the Treatment of Pulmonary Tuberculosis, with Sodium Morrhuate, by Dr. M. J.

Fine, of Newark; 2, report of interesting cases by physicians present at the meeting. The paper will be presented by Dr. C. R. Brown, of Arlington, N. J., on "Haemic Infections in Childhood." The discussion will be opened by Dr. R. H. Scott, of Newark.

The sections on gynecology and obstetrics and surgery will meet on Tuesday, October 23, at 8:45 P. M. After reports of cases, Dr. Albert S. Harden will read a paper on "The Curette and Its Use." General discussion will follow.

The meetings will all be held in the Academy Hall, 91 Lincoln Park, Newark.

Osler's Ideals

I HAVE had three personal ideals: One to do the day's work well and not to bother about tomorrow. You may say that is not a satisfactory ideal. It is; and there is no one which the student can carry with him into practice with greater effect. To it more than anything else, I owe whatever success I have had—to this power of settling down to the day's work and trying to do it well to the best of my ability, and letting the future take care of itself.

The second ideal has been to act the Golden Rule, as for as in me lay, toward my professional brethren and toward the patients committed to my care.

And the third has been to cultivate such a measure of equanimity as would enable me to bear success with humility, the affection of my friends without pride, and to be ready when the day of sorrow and grief came to meet it with the courage befitting a man.

THE biggest thing about big success is the price; it takes a big man to pay it. You can measure in advance the size of your success by how much you are willing to pay for it; not in money, but in the time, thought, energy, economy, purpose, devotion, study, sacrifice, patience and care that a man must give to his life work before he can make it amount to anything.

Thinking—The chief function of the mind is thinking, and it is doubtful whether an organ can retain its maximal health if its function is not adequately exercised. But exercise must be guided and trained, especially in the young, if it is to attain its object. A game of cricket in which the participants are ignorant of the rules and uninspired by any keenness is worse, as an educational exercise, than no game at all. Is thinking a function that needs no practice, no training? Hughlings Jackson, whose contributions to psychopathology, in advance of his time, like most of his work, have been revived and admirably presented to us by Dr. Maurice Nicoll in a recent article on regression, was in the habit of exhorting his house physicians to set aside some portion of the day or night for thinking.—Buzzard, Mental Hygiene, July, 1922.

REPORT OF THE COMMITTEE ON MEDICAL DEFENSE AND INDEMNITY INSURANCE.

(See Official Transactions, page 291.)

To the Medical Society of New Jersey:

In accordance with a resolution passed by the Medical Society of New Jersey at its last annual meeting the Committee on Medical Defense and Indemnity Insurance submits the following report:

The Committee held several meetings, at which careful consideration was given to the subject of indemnity insurance in connection with medical defense, in alleged malpractice suits against members of the Medical Society of New Jersey.

Before deciding to make arrangements with any carrier, as to professional indemnity insurance for the Society, the Committee made a study of the different phases of professional indemnity insurance, particularly in relation to the forms of coverage and the rights of individual members.

Valuable advice was obtained from those who were well informed on this line of insurance, and also from Mr. Albert C. Wall, counsel of the State Society.

Having thoroughly studied the problem, the Committee obtained the proposals of the leading carriers. It developed that several former carriers had discontinued this particular form of coverage, due to the bad experience they had in relation to costs compared to the premium income applying to this branch. Careful study was given to each proposition, particularly as to rate, financial responsibility and terms of contract. The Committee received an offer from an insurance office in Trenton, stating they might secure this form of coverage at not less than \$30 per member (the name of the company was not mentioned). The Manufacturers' Liability Insurance Company, of Jersey City, submitted a proposition through our member, Dr. Daniel T. Winter, Jr., on September 26, 1921, the rate to apply was \$25 for each member. After the decision of the Committee, a second letter was received, through the same source, reducing the rate to \$20 per member.

The Fidelity and Casualty Company, of New York, offered a rate of \$45 for each individual member, but did not submit a proposition for group coverage.

The Aetna Insurance Company submitted a proposal in detail and quoted a minimum rate of \$32 per member for group coverage, with limits of \$5,000 and \$15,000. Considering the high calibre of the Aetna Insurance Company, the Committee made every effort to have its rate reduced for group coverage, but the company felt that it could not reduce its rate below \$32 for the same limits, because it claimed that this rate was based on their experience of this class of business in the State of New Jersey. The following proposal, submitted by the United States Fidelity and Guaranty Insurance Company, of Baltimore, was the most acceptable, in the opinion of the Committee.

The individual rate offered by this company was \$25, for \$5,000 to \$15,000 limits. The rate offered for group coverage, based upon the experience of the company in New Jersey, was \$18 per member. It was further brought to the notice of the Committee that this com-

pany had already insured the members of the Massachusetts Medical Society, under the group form of coverage, and had also insured several State and County Societies. The Committee, having given careful attention to the various proposals of group form of coverage offered, decided unanimously that it would serve the best interests of the members of the Society to accept the offer of the United States Fidelity and Guaranty Company, of Baltimore, at the rate of \$18 per member, with additional 50 per cent. charge for its members who are engaged in the use of x-ray, violet ray or radium treatments, and to recommend it to the members of the Medical Society of New Jersey.

In accordance with its action, the Committee, therefore, submit the agreements offered by the company, through its general agent.

The following agreements are offered:

Agreements of Louis O. Faulhaber, of 9 Clinton street, Newark, N. J., with Medical Society of New Jersey:

I hereby submit to the members of the Medical Society of New Jersey group indemnity or physicians' liability insurance to be issued by the United States Fidelity and Guaranty Company, of Baltimore, Md., which company has a capital of \$4,500,000 and assets of \$34,000,000. It has already written group policies for numerous medical and dental societies.

(1). The insurance company agrees to indemnify and defend each member of the Society taking advantage of this group proposition against loss from liability imposed by law in consequence of any malpractice, error or mistake.

(2). The company's liability for loss from any malpractice, error or mistake will be limited to \$5,000 and subject to the same limit for each person, the company's total liability on account of acts committed, or alleged to have been committed, during any one annual premium period, will be \$15,000 for each insured member. The premium charge for these limits will be \$18 per annum. The present rate for individual policies of this character is \$25 per member, plus 100 per cent. additional for x-ray, violet ray or radium coverage, or \$50; whereas the group form premium for the same coverage would be an additional premium of 50 per cent. of the base rate, or a total of \$27, as against the premium of \$50, mentioned above. For limits of \$10,000 and \$30,000 the annual premium charge will be \$27; for limits of \$15,000 and \$30,000 the annual premium charge will be \$30.60. Additional limit coverages may be obtained by paying rates as per table attached.

(3). All expenses of investigating and all court costs in defending any suit, including the interest on any verdict or judgment or any other costs taxed against the insured, will be paid by the company, irrespective of the limits expressed above.

(4). This policy also covers suits rendered against the estate of the insured and eliminates the old wording "bodily injury and death" from the insurance clause.

(5). The company will issue a policy in the name of the members of the Medical Society of New Jersey, which policy will be held by a member of the group as a trustee. Each

member of the Society who takes advantage of insurance under this policy will be furnished a certificate, to be held by him, and a copy of the individual application will be filed with the trustee holding the policy, so that a complete record of all members insured will be in possession of the group.

(6) All certificates issued to individual members will expire on the fiscal date of policy, and any certificate issued during the policy year will be on a pro rata premium charge.

(7) In case of suit, the doctor being sued shall not have the privilege of deciding whether the case shall be settled outside of court or fought, until he has submitted the matter to a committee of five, three members of this committee to be appointed from the group, by the Judicial Councillor of the district, one by the doctor himself, and one from the group by the insurance company.

(8) To constitute a group the company should insure 400 members during the first year, although this is not literally required. The success of the whole proposition will depend on the hearty co-operation of the Society. If the business is divided between two or three companies, no one company can get an average on the business.

(9) No member will be required to carry this group insurance or to release his right now existing to participate in the malpractice defense act of the Society.

(10) Any member now insured in another company may take advantage of this group insurance in addition to his other insurance, or wait until the expiration of present policy, and have the group insurance apply from that date.

(11) This group is applicable only to members of the Medical Society of New Jersey. On resignation of a member this insurance automatically ceases.

(Signed) LOUIS O. FAULHABER,
General Agent.

**Rates for Extended Limits and Combinations
for Physicians' or Dentists' Liability
Policies.**

(Individual and Group Forms.) the percentage given.)		
1st Limit.	2d Limit.	Add to Prem.
10,000.....	10,000	40%
10,000.....	15,000	42½ %
10,000.....	20,000	45%
10,000.....	25,000	47½ %
10,000.....	30,000	50%
15,000.....	15,000	60%
15,000.....	20,000	65%
15,000.....	25,000	67½ %
15,000.....	30,000	70%
15,000.....	35,000	75%
15,000.....	40,000	77½ %
15,000.....	45,000	80%
20,000.....	20,000	85%
20,000.....	25,000	87%
20,000.....	30,000	88%
20,000.....	35,000	90%
20,000.....	40,000	93%
20,000.....	45,000	95%
20,000.....	50,000	96%
20,000.....	55,000	98%
20,000.....	60,000	100%
25,000.....	25,000	105%
25,000.....	30,000	105½ %
25,000.....	35,000	106%

25,000.....	40,000	106½ %
25,000.....	45,000	107%
25,000.....	50,000	107½ %
25,000.....	55,000	108%
25,000.....	60,000	108½ %
25,000.....	65,000	109%
25,000.....	70,000	109½ %
25,000.....	75,000	110%

N. B.—Paragraphs 7 and 9 originally read as follows:

(7) In case of suit the doctor being sued shall have the privilege of deciding whether the case shall be settled outside of court or fought; but before making his decision, if he desires, he may submit the matter to a committee of five, three members of this committee to be appointed by the group, one by himself and one from the group by the insurance company. But in all cases the individual doctor shall have the final decision himself. It is strongly recommended that the doctor being sued should appeal to the committee of five.

(9) No member will be required to carry this group insurance or to release his right now existing to participate in the malpractice defense act of the Society. It will in no way interfere with that privilege.

In conclusion, the Committee recommends the adoption of the following resolution, with regard to medical defense and indemnity insurance.

CHRISTOPHER C. BELING,
Chairman.

RESOLUTION OF THE HOUSE OF DELEGATES.

"Whereas, It is desirable to continue the benefits to our members of the malpractice defense work, to prevent the profession from being subject to unjust attacks; and

"Whereas, Through the defense plan of the Medical Society of the State of New Jersey, the members have had the co-operation of their fellow-members and the defense of legal counsel of the Society in the protection of their reputations and interests against unjust attacks; and

"Whereas, A large number of members of the Society desires, in addition, to the protection afforded by the malpractice defense, indemnity against judgments or claims, for which they may be answerable in law, despite the use on their part of their best skill, care and judgment; and

"Whereas, Such an indemnity feature can be added to the benefits of the malpractice defense work of the State Society through proper arrangements with an insurance company at a reasonable rate and under conditions which will make available to the State Society's malpractice defense many elements of strength in the organization of the said insurance company, particularly in the investigation of claims and preparation of cases; and

"Whereas, The members who procure such indemnity will not thereby lose any of their rights of participation in the malpractice defense of the Society; and

"Whereas, The operation of this plan will afford increased protection to the members and decreased cost to the Society for the maintenance of its malpractice defense department; wherefore, be it

"Resolved, That the Medical Society of the

State of New Jersey, through its House of Delegates now assembled, upon recommendation of the Special Committee on Professional Indemnity Insurance and Medical Defense of the said Society, hereby indorses its plans and proposals of the same, and subject to the final approval of the legal counsel of the said Society, authorizes the trustees, together with the Judicial Council, the legal counsel of the Society and the county medical societies, to take such action with respect thereto as shall be fit and proper to carry the same into effect, provided that nothing herein contained shall require any member of the Society to release his right now existing to participate in the benefits of the malpractice defense or compel him to subscribe to malpractice insurance, except as he shall elect."

This resolution was adopted by the House of Delegates.

The report having been duly submitted to Mr. Albert C. Wall, counsel of the Medical Society of New Jersey, the following letter was received from him and submitted with the report to the Board of Trustees.

August 18, 1922.

Dr. Christopher C. Beling,

109 Clinton avenue, Newark, N. J.:

I found your letter of July 17th, and I return herewith all papers enclosed with that letter, excepting the copy of the Constitution and By-Laws.

As to the resolution: One of the recitals is to the effect that members who procure the new indemnity will not thereby lose any of their rights of participation in the malpractice defense of the Society, but will receive all the benefits therein as such members, as well as the benefits of indemnity.

I do not think this is correct. I think that a member will be obliged to choose whether he will apply for defense, under the old form, or for indemnity under the new. Under the old form the applicant must agree that the Society or its attorney has the sole control of the suit and the applicant cannot compromise, and the suit is defended by the attorney of the Society.

Under the new form the suit may be compromised, when the insurance company and the doctor agree, and the suit is defended by the attorney of the insurance company.

Obviously these provisions are sufficiently inconsistent to prevent any doctor from availing himself of both methods, and my criticisms are not intended as a criticism of the advisability of entering into the new arrangement, but rather as to the recital of the resolution, which would convey a false impression. The ordering part of the resolution is not subject to this criticism.

I have examined the policy and it seems to me to be both well-drawn and fair.

The weakness of the present methods is, of course, that no provision is made for insuring the doctor against a judgment, and to cover that point is a very real advantage, but there is one serious objection to the plan proposed, viz: That the insurance company, with the consent of the doctor, has the right to settle or compromise. The effect of that provision will be that the insurance company will have the practical say as to when a case is to be settled. Obviously the doctor will take its

advice or the advice of its attorney. The strength of your position in the courts up to now has been that when you started to fight you never compromised, and consequently litigation of this kind was greatly discouraged.

The result will inevitably be that this asset will be thrown away and will no longer be available to such of your members as might care to use the old method of defense.

I think the plan should be altered, so that the insurance company and the assured will not have the right to settle, except with the concurrence of some committee or representative of your council. With this change, the scheme has my approval.

Yours very truly,

(Signed) ALBERT C. WALL.

At a regular meeting of the Board of Trustees, held at the Academy of Medicine of Northern New Jersey on September 20, 1922, the chairman of the Committee on Medical Defense and Indemnity Insurance was authorized to submit the report for the further revision and approval of the counsel of the State Society and to present it in its final form for publication in the Journal of the Medical Society of New Jersey.

A conference was held on September 22, 1922, at Mr. Wall's office, the result of which is outlined in the following letter:

September 23, 1922.

Dr. Christopher C. Beling,

Dear Doctor: Supplementing my letter of August 8th, returned herewith, together with the report of the Committee on Medical Defense and Indemnity Insurance, and Mr. Faulhaber's proposal of June 20th, I beg to say that I approve of the plan submitted by Mr. Faulhaber, with the changes noted in paragraphs 7 and 9. The situation as to the medical defense will then be:

(1) That any doctor having a meritorious case and being in good standing in the Society may still obtain the defense provided in the medical defense act; or

(2) Any doctor may obtain the advantages of group insurance and indemnity, under the plan proposed.

The main difference between the two plans is that in the case of medical defense undertaken by the Society, the applicant for defense places the entire question of the conduct of the defense in the hands of the Society and surrenders control over the suit and the right to settle or compromise.

Under the indemnity plan the doctor can settle or compromise, but only after he has submitted the question of settlement to a committee to be appointed by the group, pursuant to paragraph 7 above referred to.

The last sentence of paragraph 9, as set forth in Mr. Faulhaber's proposal, should be stricken out.

Yours very truly,

(Signed) ALBERT C. WALL.

Respectfully submitted,

DR. CHRISTOPHER C. BELING,
Chairman.

DR. WALT P. CONAWAY,
DR. HENRY H. DAVIS,
DR. EDWARD HAWKE,
DR. WALTER B. JOHNSON,
DR. ALEXANDER MARCY, JR.,
DR. JOHN C. M'COY.

Committee.

ONE HUNDRED AND FIFTY-SIXTH ANNUAL MEETING

OF THE

Medical Society of New Jersey

June 21st, 22nd and 23rd, 1922

AT

MONMOUTH HOTEL, SPRING LAKE, N. J.

FIRST SESSION OF THE HOUSE OF DELEGATES OF THE SOCIETY.

Wednesday Morning, June 21.

The meeting was called to order by the President of the New Jersey State Medical Society, Dr. Henry B. Costill, of Trenton, at 10 a. m.

The report of the Committee of Arrangements was read by the chairman of the committee, Dr. Martin W. Reddan, of Trenton, who stated that the usual arrangements had been made with the managers of the Monmouth Hotel for the accommodation of the Society during its present session, entertainments had been provided, music and dancing provided for and he trusted that everything would pass off to the satisfaction of all interested.

The report of the Committee on Credentials was given by Dr. Harry A. Stout, of Wenonah, the chairman, who reported that the number of delegates necessary for a quorum was present.

The reading of the minutes of the last meeting being the next business, the Secretary, Dr. William J. Chandler, of South Orange, stated that they had been printed in the Journal of the Society, a copy of which had been sent to every member, and moved that unless there were some errors or corrections, they be approved as printed in the September issue.

The motion was seconded and carried.

The report on permanent delegates was the next item of business. Dr. Chandler stated that they opened the session with 142 permanent delegates. He then read a list of those absent for two consecutive sessions without having presented an excuse acceptable to the Board of Councillors, and stated that if such excuses were not presented and accepted their names would be dropped.

Report on Permanent Delegates.

To the Medical Society of New Jersey.

Gentlemen:

We open this session with 142 permanent

delegates on our list. The following have been absent for two consecutive years without any excuse acceptable to the Board of Councillors. If such excuse is not presented and accepted their names will be hereafter dropped from the list. The following are such permanent delegates: William F. Faison, John G. Wilson, William H. Jones, John F. Smith, Frederick P. Wilbur and C. Fred Webner.

The following candidates for election as permanent delegates from their respective counties have been presented for election at this session, their certificates are in proper form and their names will be presented at the proper time for election: Edward S. Hawke, William A. Clark, George N. J. Somer, James J. McGuire, by the county of Mercer; Erwin Reisman, by the county of Essex; Lucius F. Donohue, George H. Sexsmith, Samuel G. Cosgrove, F. J. Quigley, Berth S. Polack, Oscar C. Frundt, Charles B. Kelley, Grant P. Curtis and William J. Sweeney, by the county of Hudson; Thomas P. Prout, Frank C. Ard, Milton A. Shangle, Arthur Stern, by the county of Union; Charles J. Kane, William Spickers and Thomas A. Clay, by Passaic county; William B. Jennings, Thomas B. Lee and Paul M. Mecray, by Camden county. There are several nominees from Essex county. Their names will be presented later.

Vacancies created by resignations, dropping from the roll, etc., will be reported to the respective societies and these societies can at their next annual meeting select nominees to be elected by this Society at its annual meeting in 1923.

Respectfully submitted,

WILLIAM J. CHANDLER,

Secretary.

The President asked that if any names had been omitted from the list as read, the representatives from the county in which the omission had occurred notify the Secretary to that effect.

The President suggested that, as there seemed to be some confusion regarding the names, the matter be postponed until the next meeting of the House of Delegates, in order to give the representatives from the various counties time to take the matter up with the Secretary and decide as to the names entitled to be placed on the list of nominees.

It was moved by Dr. Talbot R. Chambers, of Jersey City, that they go on with the election of permanent delegates, with

the understanding that if others were to be added, their election would take place later. The motion was seconded.

Dr. Chandler then read a list of names to be added to the list already read as follows:

Essex county, E. G. Wherry, J. H. Lowrey, D. A. Kraker, Newark; Guy Payne, Overbrook; A. F. Dowd, H. S. Martland, E. W. Sprague, C. B. Sprague, C. B. Griffiths, C. F. Baker, R. H. Dieffenbach, Newark; A. W. Bingham, East Orange; C. L. Ill, H. C. Barkhorn, Newark; H. B. Vail, Belleville; G. Blackburne, East Orange; J. J. Smith, C. A. Rosewater and E. Reisman, Newark.

Dr. Chambers accepted these additional names as coming under his motion.

Dr. Fisher offered an amendment to the motion of Dr. Chambers, that the whole matter of the election of permanent delegates be laid over until the next session, and all elected at once at that time.

Dr. Chambers accepted this amendment to his motion, and it was accepted.

The report of the Program Committee being called for, Dr. Chandler, as chairman of that committee, stated that the program was its own spokesman. There were a few errors in the names, because neither the printer nor himself was able to decipher the exact orthography. It was necessary to omit some of the committees, as the space allotted was not sufficient to permit of their insertion in the program.

The report of the Committee on Scientific Work was presented by Dr. A. H. Lippincott, of Camden, as follows:

Dr. Lippincott: The scientific program speaks for itself. Owing to the time of the train from Philadelphia I shall have to ask the President to shift the schedule a little, in order to give some of the speakers time to make their train and get here tomorrow or the next day.

Dr. Costill asked Dr. Lippincott to take up that matter with him later.

The report of the Corresponding Secretary, Dr. Harry A. Stout, of Wenonah, was called for, and Dr. Chandler stated that Dr. Stout had no report to make at this time.

The report of the Recording Secretary was then read by that officer, Dr. William J. Chandler, of South Orange, and was as follows:

Secretary's Report, 1922.

Mr. President and Fellow Members of the Medical Society of New Jersey:

We are met here today to celebrate the 156th anniversary of the birth of this Society—the oldest State Medical Society in this country. If age were the only element of success we should be assured of the greatest prosperity. But much more is needed. In all institutions success depends largely on the ability and fidelity of its managers and workers. Now who are the managers and workers of this Society? One might naturally say that the Presidents, Board of Trustees of this Society and similar officials in the component societies are responsible agents. As Secretary of this Society for most of the time since 1897 I can say that our Presidents and Trustees have been quite efficient and faithful in forwarding the work of the Society. But how is it with the work of the county societies? Some of them are to be credited with most excellent accomplishment. How many of the county society treasurers are familiar with the by-laws and follow the directions to forward to the Treasurer of the State Society all dues received from members, immediately on their payment, in order that their names may be at once freed from delinquency and recorded as members in good standing. How many members pay their dues on or before the first day of January promptly, in advance, for the coming year? You who pay promptly think little about this and would be surprised to know that not 75 per cent. of our membership is thus prompt. And when some one of our delinquent 25 per cent. writes to the Secretary to know why his Journal does not come, or wishes a transfer to another county society, he has to be informed that his dues are not paid and that he is on the delinquent list. Or, again, he is the victim of a suit for malpractice and is informed that the State Society cannot defend him, because at the time of the alleged malpractice his dues were not paid, and consequently he is not eligible to defense. He then realizes the importance of prompt prepayment of dues and regrets that the small matter of a few dollars promptly paid would have saved him a large expenditure for lawyers' fees.

And now let us turn to another feature of our report—the necrology list. Five of our members have passed into the "Great Beyond" since our last annual meeting: J. Anson Smith, of Blackwood; Herman H. C. Herold, of Newark; Harry Vaughn, of Morristown; Francis J. Drake, of Phillipsburg; Milton N. Armstrong, of Newton, and Joseph C. Winans, of Belleville. Obituary notices have appeared in the Journal, and tender recollections will recur to memory as their names are presented to you.

It is rather remarkable that in a society as large as ours and composed of men, many of whom are of advanced years, the death list should be so small.

We are met here in comparative health and vigor, and none of us feel as though we were about to put on wings. For this we should feel truly thankful and trust that the blessings of health and strength may be granted to all of us for another year.

There is another matter to which I wish to direct your attention, and that is the com-

fort and well-being of our fellow members. This might naturally fall to the duty of the Welfare Committee. How are our members situated as to their comfort and remuneration? Some have past the time of active practice, and have retired to spend the remainder of their lives in quiet and peace—some are engaged in collateral branches of medicine—some are active in various institutions and have given up the cares and hardships of active practice. Does our Welfare Committee know whether they are adequately compensated and provided for? In some institutions the needs of medical men are so inadequately compensated that it is a disgrace that our State should allow such inconsideration to exist. It needs the attention of our Society to notice and attempt to correct these inattentions and to see that all physicians are properly treated and adequately paid for their institutional services. We have accomplished much during the past year in this and similar lines. Let us see that particular attention is given to this special care of our fellow practitioners. We can do it if we wish, by seeing that properly qualified men are put in office, who will correct these anomalies, and thus safeguard the interests of all medical men.

I would, in addition, call your attention to the fact that in this State there is a law which requires that on every board of managers of a medical institution there should be at least one medical man. A little investigation will show that in at least one institution there is a board of managers on which there is not one medical man. The law is not complied with, and no one is ready to take the matter up and see that it is rectified. No one will do so unless we interest ourselves and see that this matter is remedied. A medical man on the board would see that the needs of medical men were provided for and that proper respect was shown to them.

Too often it will be found that politics rule, and politicians determine who shall hold offices and receive salaries paid by the State. These and kindred abuses should be corrected, but they never will be until we interest ourselves in these matters and put honest, capable and unbiased men in responsible positions.

There is another matter to which I wish to invite your attention. Since 1904 we have published a Journal and have exchanged with other journals for their issues. We have also received many miscellaneous journals and some of them are of value to libraries. They have all been preserved and carefully kept at the expense of considerable labor and time by your Secretary. I have had an application from one library for these journals and magazines. I cannot any longer spare the room and care needed for their proper preservation, and I would suggest that they be disposed of to any of our libraries, which will send for them and take them away. They can then be consulted and thus be of benefit to those who may need them.

It has been my privilege during several of the years of my secretaryship to visit the different component societies at their annual meeting and thus to renew and extend the personal acquaintance of their individual members much to the mutual advantage of

all concerned. I regret that it has not been possible to continue this practice during the past year. It would be very much to the advantage of the State Society and to your Secretary if provision could be made for the regular visitations of the component societies. It needs but to mention this point that its necessity should be at once evidence, and I trust that some provision will be made whereby it may be regularly established.

And now that the labors of one year are nearer completed and those of another about to be begun, I want to extend to you my hearty appreciation of all your consideration and assistance, and trust that they may be continued through all our present and future relations.

Respectfully submitted,
WILLIAM J. CHANDLER,
Secretary.

The report of the Board of Trustees was presented by Dr. David C. English, Secretary of the board, as follows:

Submitted June 21, 1922.

Board of Trustees Report.

The Board of Trustees held a meeting in October, 1921, when it was decided to hold the 156th annual meeting in the Monmouth Hotel, Spring Lake, N. J., in June, 1922. President Costell and the Secretary of the Board of Trustees were appointed a committee with power to select the days of meeting and arrange necessary preliminary details in connection with the meeting. The question of the advisability of prosecuting illegal practitioners in the State by the State Board of Medical Examiners was discussed and referred to the Welfare Committee with power to arrange for such prosecution as the committee deemed proper. Dr. Eagleton presented an interesting report of the Welfare Committee's work.

At a meeting of the Board of Trustees held in February, 1922, President Costill read a letter received from Treasurer Mercer representing that the finances of the Society were inadequate to meet the expenses necessary for the balance of the year ending June 1; that the balance on hand was only \$123, with bills payable of about \$1,000. On discussion it was ascertained that some county societies had on hand dues collected that had not been paid to our State society's treasurer, amounting to considerable more than the \$1,000 referred to, and many members had not yet paid their dues to the county treasurers. On motion it was voted to request county treasurers to pay dues on hand to Treasurer Mercer. It was also ordered to notify delinquent members through the Journal to make prompt payment of dues.

Dr. Eagleton, chairman of the Welfare Committee, reported that the expenses of the committee would amount to considerable less than was anticipated. The committee was, on motion, given power to engage any necessary help for the prosecution of its work. The members of the board were fully convinced that there would be funds on hand to more than meet all of the society's expenses.

The board met last evening, June 20, 1922, in the Monmouth Hotel, Spring Lake, Chairman Sproul in the chair, with twelve members.

present. Dr. O. H. Sproul was reelected chairman and Dr. D. C. English was reelected secretary of the board for the ensuing year. Dr. C. D. Bennett, chairman of the Publication Committee, having been detained in Newark, the hearing of his report was deferred till the next day. Treasurer Mercer presented his report for the year 1921, showing receipts of \$18,181.88 and a cash balance on hand, January 1, 1922, of \$805, with four United States \$1,000 Liberty bonds and one Chicago & Alton Railroad bond. He also stated that at the present time there was on hand about \$4,000. Drs. C. R. P. Fisher and Alex Marcy were appointed a committee to audit the treasurer's accounts. The thanks of the board were voted to Dr. Mercer for borrowing for the society money on his own personal note to meet urgent needs. On motion of Dr. Eagleton a special committee was appointed to consider and report to the board a scheme by which the finances of the society shall be planned on a budget system, and Drs. W. P. Eagleton, T. W. Harvey and James Hunter Jr., were appointed as said committee. Dr. Eagleton made a brief report of the Welfare Committee's labors, showing an immense amount of work done at comparatively small cost to the society.

Respectfully submitted,

D. C. ENGLISH,
Secretary.

The report was accepted and affirmed.

At the request of the Chairman of the Committee on Revision of the Constitution and By-Laws, Dr. Alexander Marcy, Jr., of Riverton, the report of that committee was postponed until the afternoon session, to be taken up under unfinished business.

The report of the Committee on Revision of Medical Defense and Insurance was also deferred until the afternoon session, to be taken up then under unfinished business, owing to the fact that its Chairman, Dr. Christopher C. Beling, of Newark, had not yet arrived.

The report of the Judicial Council, including the reports of the Councillor for each of the five districts, was read by Dr. John C. McCoy, of Paterson, the Chairman of the council and Councillor for the Second district, as follows:

This report will appear in a subsequent issue of The Journal.

Dr. McCoy (after reading the foregoing): Mr. Chairman, the matter of medical defense, of course, will be brought up under the report of Dr. Marcy on the amendments to the Constitution and By-Laws. We have in the neighborhood of between \$450,000 and \$455,000 on actions on suits pending at the present time. I wish that more of the younger men, particularly, of the Society were present, as I cannot resist

this opportunity of bringing to your attention the fact that in several of the suits which have been brought this year, it has not been with any great difficulty that the prosecuting attorneys have succeeded in obtaining the hearty co-operation of various members of the State Society in advising them in acting against the defendant. We do not for one moment feel that the right of citizenship should be taken away from any member because he happens to be a member of the State Society; but, as Councillors, we feel strongly that it is hardly in good taste and hardly consistent with ethical standards for a man to go on the stand against a brother practitioner or propounding questions to be asked by the prosecuting attorney. I am glad to say that in each instance in which this has occurred there has either been a disagreement of the jury or verdict in favor of the defense. Two of the cases are to be re-tried; and, unfortunately, two of the individuals implicated happen to be in Passaic county. The Judicial Council is anxious to go over the testimony given by physicians for the prosecution, and I can assure you that rather rigid action will be taken. Of course, we, as Councillors, can do nothing. It is on the shoulders of the Bergen County Society. The matter must be brought in full before the Councillor of the component society. Then, after they have acted thereon, it may be brought before the full Society, and then referred to the Councillors for a final decision. But this reminds one very forcibly of the old ambulance-chasing days, when attorneys could secure any kind of medical testimony they wanted. It seems deplorable that it should exist in these cases on the part of members of the State Society.

On motion, the report was received and filed.

In the absence of Dr. Walter B. Johnson, Chairman of the Committee on Honorary Membership, the report of that committee was postponed.

The report of the Treasurer, Dr. Archibald Mercer, of Newark, including a supplemental report covering the period from the first of January until the date of the meeting, was read by Dr. Mercer, who stated, however, that he did not vouch for the exact accuracy of the supplemental report.

Report of the Treasurer.		
1921.	Dr.	
Atlantic County Dues.....	\$	221.00
Bergen " "		282.00
Burlington " "		135.00
Camden " "		323.00
Cape May " "		48.00
Cumberland " "		138.00
Essex " "		3,173.00
Gloucester " "		93.00
Hudson " "		1,948.00
Hunterdon " "		211.00
Mercer " "		1,127.00
Middlesex " "		253.00
Monmouth " "		171.00
Morris " "		203.00
Ocean " "		48.00
Passaic " "		477.00
Salem " "		81.00
Somerset " "		3.00
Sussex " "		322.00
Union " "		907.00
Warren " "		93.00
Interest, Chicago & Alton Bond....		35.00
Interest, iberty Bonds.....		155.00
Committee, Publication, Journal....		4,014.05
Committee, Arrangements		71.70
Loans, National Newark & Essex Banking Co.		2,800.00
Welfare Committee refund, overpay-ments		95.80
		<u>\$17,560.55</u>
Cash bal. in bank January 1, 1921		605.29
Interest on deposits.....		17.04
		<u>\$18,182.88</u>
Chicago & Alton Bond, 3 1/2 %, Cost.		786.50
Liberty Bonds, Cost par.....		4,000.00
		<u>\$22,969.38</u>
1921.	Cr.	
Loan and Interest National Newark & Essex Bank.....	\$	802.46
V. W. H. Iszard, Councillor, 1920...		53.00
Orange Publishing Co., Program....		49.00
The Robbins Co., Badges.....		116.00
Dr. A. Mercer, Treasurer.....		32.10
Dr. D. C. English, Sec. Bd. Trustees.		8.00
Orange Publishing Co., Printing....		95.50
Dr. H. A. Stout, Cor. Sec.....		107.50
Dr. W. H. Iszard, Councillor.....		24.00
Dr. C. Beling, Councillor.....		24.00
Dr. J. C. McCoy, Councillor.....		22.00
Orange Publishing Co., Stationery.		95.50
Lulu Gray, Stenographer.....		100.00
A. C. Wall, Retainer.....		103.20
National Newark & Essex Banking Co., Loans and Interest.....		1,833.31
National Newark & Essex Banking Co., Loans and Interest.....		1,020.33
Dr. W. J. Chandler, Program Com..		13.35
Welfare Committee		4,916.25
Dr. C. D. Bennett, Chr. Journal....		5,375.00
A. C. Wall, Medical Defense.....		1,545.87
Dr. W. J. Chandler, Sec., Salary...		909.81
		<u>\$17,252.48</u>
Est. Dr. L. M. Halsey, Chk of 1911, Paid		125.00
Cash Balance in Bank, Jan. 1, 1922.		805.00
Stamps on Bank Loans.....		.40
		<u>\$18,182.88</u>

Chicago & Alton Bond, 3 1/2 %, Cost,		
\$786.50		786.50
Liberty Bonds		4,000.00
		<u>\$22,969.38</u>
Respectfully submitted,		
ARCHIBALD MERCER,		
Treasurer.		
Supplementary Report.		
1921.	Dr.	
Atlantic County.....	\$	792.00
Bergen "		606.00
Burlington "		328.00
Camden "		768.00
Cape May "		120.00
Cumberland "		384.00
Essex "		2,385.00
Hudson "		1,472.00
Hunterdon "		16.00
Mercer "		104.00
Middlesex "		520.00
Monmouth "		411.00
Morris "		528.00
Ocean "		120.00
Passaic "		1,216.00
Salem "		152.00
Somerset "		299.00
Union "		576.00
Warren "		176.00
		<u>\$11,063.00</u>
January 2	Int. Chicago & Alton Bond	17.50
"	Journal for Dec., 1921....	497.96
February 6	" " Jan., 1922....	338.61
March 11	" " Feb., 1922....	193.99
" 27	J. H. Gunn, Rebate Bill over paid.....	8.55
April 4	Journal for March, 1922.	464.46
May 3	" " April, 1922.	229.56
April	Int. Liberty Bond.....	42.50
June 6	Journal for May.....	373.72
" 15	Int. Liberty Bond.....	35.00
		<u>\$13,264.85</u>
Bank Balance, January 1, 1922.....		805.00
Bank Interest On Deposits... ..		71.67
		<u>\$14,141.52</u>
Cr.		
Jan. 2	Dr. W. J. Chandler Salary Dec, 1921.....	\$ 79.17
"	E. A. Buchler, Welfare Com..	80.00
"	Dr. C. D. Bennett, Joural for Dec.....	715.00
"	W. N. Noy, Typewriter	47.00
"	Dr. C. D. Bennett, Journal....	400.00
"	Grover Brother, Welfare Com..	6.70
"	J. H. Gunn, Welfare Com.....	421.20
"	E. A. Buehler, Welfare Com....	111.97
"	N. J. State Chamber of Commerce, Welfare Com.....	3.00
Feb. 6	Dr. W. J. Chandler, Salary for Jan. and Feb.....	158.33
"	Addressgraph	1.55
"	Dr. C. D. Bennett, Journal....	450.00
Mch. 6	Mrs. Jeannette S. Greir, Welfare Com.....	125.00
"	8 J. H. Gunn, Welfare Com....	324.71
"	13 Dr. C. D. Bennett, Journal..	500.00
"	27 J. H. Gunn, Welfare Com....	657.86
"	30 Orange Publishing Co.....	244.25

Apr. 10	Wall, Carey Haight & Hart- pence, Med. Defence.....	108.35
" 11	Dr. C. Bennett, Journal.....	425.00
" 11	J. H. Gunn, Welfare.....	786.71
" 17	Dr. W. J. Chandler, Salary for March and April.....	158.34
May 10	Dr. C. D. Bennett, Journal....	450.00
" 15	Orange Pub. Co., Printing....	87.50
" 29	Wall, Carey Haight & Hart- pence, Med. Defence.....	260.90
Jan. 16	Dr. C. D. Bennett, Journal....	350.00
" 17	Dr. C. D. Bennett, Journal....	300.00
" 17	E. A. Buchler, Welfare.....	20.00
" 17	J. H. Gunn, Welfare.....	633.55
" 21	A Mercer, Treasurer.....	47.35
" 21	Dr. W. J. Chandler, Salary for May and June.....	158.34
" 21	Dr. W. J. Chandler, Program	61.25
" 21	Dr. D. C. English, Sec. Board of Trustees.....	7.65
" 21	Dr. E. J. Marsh	1,000.00
		<hr/>
		\$9,180.68
Cash Balance in Bank July 1, '22.....		4,960.84
		<hr/>
		\$14,141.52

Dr. Mercer (after having read the report): This completes my thirtieth annual report as Treasurer of the Society, and I feel that, with the increased amount of work, that the position will necessitate, I am regretfully forced to make it my last. I am not unmindful of the very great honor paid me in having re-elected me as your Treasurer so many times, and I shall give up the office gratefully, and shall ask from the Society the same cordial support for my successor. (Applause.)

Dr. Costill: The latter part of the Treasurer's report, in which he tenders his resignation, comes to me (and I am sure, to all the other members of the Society) as a great shock. We have been so accustomed to looking on Dr. Mercer as the safeguard of our financial system, feeling in him all the confidence that we could place in a human being, and we had hoped that his retirement from office might be deferred, even if it were necessary to give him an assistant. During my presidency there has nothing come to me but pleasure, nothing that would give me any regret whatever, but this would, and I trust, Dr. Mercer, that you will reconsider this, and allow us to give you an assistant.

Dr. Chambers moved that the Treasurer's report be received and take the usual course, and that we instruct the Nominating Committee that it is the desire of the House of Delegates that Dr. Mercer be retained as Treasurer, and, if

necessary, be given an assistant. The motion was seconded.

Dr. Mercer, before the motion could be put, stated that the By-Laws made no provision for an assistant treasurer, and also that if he were Treasurer, he would not accept an assistant and permit him to do the work and be responsible for the result.

Some discussion on the motion ensued. Dr. Philip Marvel, of Atlantic City, did not think it right not to respect the wishes of Dr. Mercer, and to insist that he be responsible for another person's work, and, moreover, the speaker thought that even if he had an assistant, Dr. Mercer would really have to do a great part of the work himself. Dr. Marvel thought that it would be better not to discuss the matter further until it could have been discussed with Dr. Mercer on the side line, to find out whether or not he would withdraw his request.

At the suggestion of the seconder of the motion, Dr. Gordon K. Dickinson, who spoke in high praise of Dr. Mercer, Dr. Chambers withdrew his motion.

Dr. David C. English, of New Brunswick, then moved the adoption of the following resolution: That we, as a Society, have heard with profoundest regret Dr. Mercer's request to be relieved of the duties of the treasurership, and that we hope that he will reconsider it. The resolution was adopted.

The report of the Committee on Public Hygiene and Sanitation was read by its Chairman, Dr. Gordon K. Dickinson, of Jersey City.

Report of Committee on Public Hygiene and Sanitation.

To the Members of the Medical Society of New Jersey:

Gentlemen—Your Committee on Public Hygiene and Sanitation desire to present to you the following subjects for consideration and action:

1. Sanitary Districts.
2. Pasteurization of Milk.
3. Soft Drinks.
4. Midwives.
5. Maternal Mortality.
6. Sanitaria, Maternity Homes, Boarding Homes and Baby Farms.

1. Sanitary Districts.

Your Committee strongly believes there is a necessity of obtaining adequate public health districts in the State, and that such a change in public health work overshadows everything else in importance. No great progress can be made until our system of local public health administration has been radically reformed and put on a well-functioning basis.

There are 511 public health units, very few of them having sufficient money to pay for proper service, or possessing trained and equipped employes to perform the duties required.

Our suggestion is that the public health units in this State be made over into groups, according to the population of 15,000 to 30,000 inhabitants, and that the adjoining municipalities unite in the work. This does not apply to cities.

2. Pasteurization of Milk.

Our fellow member, the late Dr. Coit, of Newark, through his insistence and publicity, established the precedent as to certified milk, which now can be purchased in any part of the State, but at considerable expense. The poor have no protection, and, as milk, which is not certified may be a disseminator of diseases of various types (the fevers and tuberculosis), it is suggested that a bill be introduced requiring all milk, other than certified, or perhaps that also, which has been produced from accredited herds, regularly tuberculin tested, to be pasteurized, for the poor people are entitled to clean, pure and safe milk.

3. Soft Drinks.

The business of selling soft drinks in New Jersey has fallen into disrepute. Those engaging in this industry are largely ignorant foreigners who have no comprehension of the business nor of the principles of sanitation. Soft drinks are often made adulterated with saccharine and other unwholesome materials, and frequently colored by chemicals. They are sold largely to children who gorge themselves with these various concoctions, which may be dangerously injurious. Your Committee would suggest that this Society join with the State Department of Health in an attempt to solve this problem, and, if necessary, introduce additional legislation to govern it.

4. Midwives.

As to the matter of the control of midwives in this State, we recommend that the present procedure of licensing and supervision be changed. Midwives are now licensed and disciplined by the State Board of Medical Examiners, which board has little machinery or funds for the purpose of detecting illegal and unlicensed practitioners, consequently, there are many infractions of the law which work to the detriment of ignorant mothers and helpless children from a health standpoint.

We recommend, therefore, that the authority for licensing and supervising midwives be turned over to the State Department of Health.

5. Maternal Mortality.

The maternal mortality in New Jersey should receive the attention of this Society, as it is not only unnecessarily high, but increasing. In certain counties and cities it is considerably above the average for the State. We suggest that a committee be appointed to investigate the matter and report with data and recommendations at the next meeting of our Medical Society.

6. Sanitaria, Maternity Homes, Boarding Homes and Baby Farms.

The hospitals of the State are unable to

accommodate the sick and disabled. There are a number of medico surgical sanatoria. It is the privilege of anyone to enter them for medical or surgical attention. There are many people who prefer to go to them rather than to a hospital. The hospitals of the State have been investigated and stimulated by our State Committee on Hospital Standardization, but no effort has been made to investigate or standardize the sanatoria. Because of such lack it is believed that some of them are not always used for a good purpose, nor is proper work being done. Those who enter these institutions for treatment should be safeguarded by the State, as are those who enter hospitals. We would suggest that the matter of investigation of sanatoria be referred to the Committee on Hospital Standardization.

Maternity Homes, Boarding Homes and Baby Farms have several times received unpleasant notoriety in the press, which is sufficient to indicate the necessity of their investigation. We would recommend that this problem also be turned over to the Committee on Hospital Standardization for investigation and action.

It was moved that the report be received and its recommendations adopted. The motion was seconded. Dr. Marvel offered as an amendment that the report be received and that a committee of three be appointed by the Chair to consider the recommendations contained therein and report back to the House of Delegates at a subsequent meeting. The motion was seconded.

Some discussion followed, a number thinking it would be better to have the same committee (Dr. Dickinson's) still retain charge of the matter than to refer it to a new one. The amendment was then voted on and lost. The question of the original motion then came up. A vote was taken and the motion carried.

The report of the Committee on Public Health Education was deferred, owing to the absence of its chairman, Dr. Armin Fischer, of Newark.

The next business on the program was the report of the Delegates to the American Medical Association and to State societies. Dr. Marvel called the attention of the Society to the fact that New Jersey had not been very well represented in the House of Delegates of the American Medical Association for the past few years, although Dr. Reading had been very faithful in his attendance until the last year. The speaker had been at the meeting last year and this year and had found that New Jersey had no representative in the House of Delegates. Although Dr. Cotton was

present at the meeting and had registered, he did not attend any of the subsequent sessions of the House of Delegates, so far as Dr. Marvel was able to observe. Dr. Marvel thought that the Nominating Committee, in selecting delegates to the A. M. A. to represent New Jersey, should find out something about whether the individuals selected were going to be in attendance at the sessions of its House of Delegates, which he considered a very important body. He thought that if anyone selected to represent the State Society had not interest enough to be present at the meetings, he should not accept the position.

Dr. Frank W. Pinneo, of Newark, spoke on the great amount of work that Dr. Eagleton had done, and expressed the opinion that the Essex County Medical Society would like to have a man like him to represent the State Society in the American Medical Association. He could get the A. M. A. to use the very large fund at its command to help in the work. Dr. Green, Dr. Pinneo stated, had had meetings in various States with the local committees, and the wheels were in progress for the American Medical Association to do more for them.

Dr. English agreed with Dr. Marvel, and said that he had so stated in a Journal article. He made the point that New Jersey had more interest in that meeting than had any other State in the Union, because of what Dr. Eagleton had done. He thought that they should look over the list of delegates to the A. M. A. whose terms had not expired, and if they did not promise to go, appoint someone else in their place.

Under reports of special committees, Dr. Costill called for the report on the Standardization of Hospitals, and its Chairman, Dr. John C. McCoy, of Paterson, presented the following verbal report:

Dr. McCoy: Your committee has had but one meeting this year, and that was a conference with the State Board of Medical Examiners. We have not inspected the hospitals this year, owing to the visitation and inspection last year by the College of Surgeons, and because the American College of Surgeons had planned to inspect, not on the basis of 100 beds, but on that of fifty beds, and afterwards standardize the hospitals down to fifty beds.

The result of the conference with the State Board of Medical Examiners was eminently satisfactory. The State Board felt that since they were legally responsible for the action which they approved, so far as the standardization of hospitals was concerned, the inspection and visitation or the standardization of the hospitals should be made by the State Medical Board. In that, your committee heartily concurred, and, as the result of the conference, in addition to the rules that were laid down in 1916 and published in a little green pamphlet, with which you are all probably more or less familiar, as the minimum requirements for standard hospitals, there has been, at the suggestion of your committee, confirmed by the State Board practically the same minimum standard as laid down by the American College of Surgeons, with the elimination of the fee-splitting item, which they felt that they had no right to take up, from the legal viewpoint. But so far as the visiting staff, the monthly meetings of the staff, the standardized condition of the laboratory of the hospital and the historical data of the hospital on which the meetings of the staff shall be based, are concerned, I was led to understand that they would be incorporated in the requirements of the State Board of Medical Examiners.

In our report of last year we suggested the idea that there seemed to be a multiplication of committees, and that it was a question in the minds of the Hospital Standardization Committee as to whether this work should not function under the State Welfare Committee—as to whether there is a place for the Hospital Standardization Committee, at present and in the future, representing this Society. I was not prepared to say. You will recall, of course, that New Jersey was the first State in the Union to create and demand a minimum standard for its hospitals. We have been in this work now eight years and we think that something has been accomplished, supplemented by the work of the American College of Surgeons. Personally, I feel that this should be a State matter, regardless of the American College of Surgeons, the American Medical Association, or any other national organization, and it is a question whether we should not have a committee of this nature whose duties should go further

yet, on the basis of the suggestion of Dr. Dickinson, in investigating not only the large institutions, but also the smaller. Of course, this is a matter for you to decide.

There seems to be a multiplicity of committees acting again. There are two whose work seems to overlap to a great extent, and it is a question whether this work should not be done under the head of the Welfare Committee. I believe that it would be a good thing to maintain a Hospital Standardization Committee to advise with the State Board, thus representing the State Society.

On motion the report was received.

It was then moved by Dr. Marvel that the committee be continued. The motion was seconded and carried.

Dr. Marvel afterwards made a motion that the committee be instructed to visit not only the hospitals, but the sanatoria and report to the State Society. The motion was seconded and carried.

Report of the Committee on Revision of Medical Defense and Insurance by Dr. Christopher C. Beling, of Newark, chairman.

This report is inserted on page 281 of this issue of The Journal, with additional report of action of the Board of Trustees subsequently.

It was moved that the report be received. The motion was seconded and carried.

It was then moved that the recommendations of the committee be adopted. The motion was seconded.

Dr. William A. Tansey, of Vailsburg, asked whether these statements concerned only malpractice cases or any unjust attack. If they did not cover all attacks he thought that the matter should be thrashed out before the House of Delegates.

Dr. Pinneo remarked that the rock on which the whole question had split was the relation of the State Society and its legal counsel to an indemnity company with which a number had a policy. The report seemed to solve this difficulty, and the only remaining one was that of the members having full advantage of the Medical Defense of the State Society and its counsel if a contract were made with this Baltimore company.

Dr. Chandler suggested that the report be printed at an early date in the Journal, be considered by the Society

and be referred to the Board of Trustees for its action. He thought that such an important report needed careful consideration, and said that it had not been considered, but had only been read.

Dr. George H. Sexsmith, of Bayonne, said that he had spent most of the preceding day in court as a witness for one of the members of the Society, and that while they had succeeded, so far as the malpractice part was concerned, the judge had charged the jury on account of the fact that the patient operated on was under age and on account of the claim of assault, they (the jury) could consider that. The speaker said it was wonderful what they could prove. They had brought out wonderful things as to neglect. He felt that a surgeon, to avoid this, ought to go over the patient about every fifteen minutes. They brought out that he was liable up to \$2,500 if they felt that there had been an assault, inasmuch as the girl was only twenty years of age. The judge did say, however, that although she was a minor, she had come from Ireland on her own responsibility, so he hardly felt that she could truly be considered as a minor.

The speaker added that it was such things as this, as well as malpractice, that the doctor should be protected against. In view of the verdict that had been given in the last year, he did not think that \$30,000 was any too much. He did not approve of the Secretary's suggestion, because that would delay the matter for another year. He thought that it should be considered at a later session of the present annual meeting. He felt that he wanted to double his insurance.

Dr. McCoy said that he felt pretty much as Dr. Sexsmith did. He (Dr. McCoy) wanted to treble his insurance. There should, he thought, be a co-operation between the Medical Defense act of the State as they had it then and this insurance corporation. He did not, however, see that this was possible, because the State Medical Defense act distinctly stated that the physician must turn over his case to the State Society alone. Therefore, one must choose between the two types of insurance, Class A and Class B. He did not think that they ought to get the idea that there would be an interlacing of the two organizations, because this would not be possible unless the Medical Defense act were changed.

Dr. Fisher said that he had not understood Dr. Beling to say that the two kinds of insurance would co-ordinate. The Liability Insurance Company, of Baltimore, had expressed their willingness to so co-operate, but the by-laws prohibited the State Society from taking their side of that. This, however, did not invalidate what Dr. Beling's report had stated, and the speaker thought it was up to them to change their by-laws so that they could co-operate.

Dr. Beling explained that the experience of the Councillors in the last ten years had been that there was a growing dissatisfaction with regard to the Medical Defense act in relation to the indemnification of members. A member was not interested alone in having his suit defended, he was also interested in securing proper indemnity if the suit were lost. Under the Medical Defense act the physician surrendered all his rights to the State Society, for which the Society undertook to defend him at a cost of \$250 in the lower court. During the past year a suit against two members had been won, but the Society had paid only a part of the attorney's fee and the cost of suit and had looked to the two members for the payment of the balance. The speaker felt sure that the doctors present did not desire to pay any of the costs after having surrendered all their rights to the State Society. The idea of indemnity insurance, he said, was that the member who was sued should not only have the right to decide, as to how he was to be defended, but should also have the advice of a committee of the State Society—a committee of five, three appointed by the State Society, one by the member sued, and one by the company. The Councillor of the District could be appealed to, and he could then select two other members to represent the State Society along with himself.

The two forms of insurance could not exist side by side. The committee did not think it right to wipe out the present system of medical defense, because a number of members might not want to take out indemnity insurance. Those who did do so would, he stated, be under Class C, but the same situation would apply to them regarding their relation to the Society, the Judicial Council of this committee of five. Class A would be for those with no insurance,

and Class B for those that took out insurance. They would operate under different arrangements, but in both instances the State Society would co-operate.

With reference to the employment of counsel to defend the suit, where the doctor retains his own rights and privileges, you cannot force him to do anything, Dr. Beling said. No member could be compelled to take out indemnity insurance unless he wished to do so. The company should insure 400 members in the first year in order to make it pay them, but they do not insist upon that number.

Dr. Costill asked whether it was optional with the company to demand it.

Dr. Beling replied that he had asked that question, and had had a reply from the company that settled the matter. The company would take only as many as wanted insurance. In offering the resolution the committee had stated that the matter was subject to the final approval of the legal counsel of the State Society, Mr. Wall.

Dr. Dickinson asked how this would affect their relations with Mr. Wall, whom they knew and trusted.

Dr. Beling replied that the usual system of medical defense would go on, with Mr. Wall as the counsel, and that if the members wanted him as their counsel, the insurance company would consider that.

Dr. Runyon asked Dr. Beling concerning the reliability of the company, and as to what position the adoption of this resolution would place them in with regard to any insurance they might have with any other company.

Dr. Beling replied that when that insurance ran out, they could take this form of insurance, or that they could still keep the other and pay two premiums, and be pro-rated by the company. Regarding the reliability of the company, Dr. Beling stated that it had a capital of \$4,500,000 and assets of \$200,000. The United States Food Company, of Massachusetts, had this form of insurance, Dr. Beling said, and he held in his hand the report of the council in which they accepted this proposition in 1921.

Dr. Runyon asked why four hundred had been mentioned if the company did not insist on a certain number. He wished to know whether it meant that

they had to have that many before they got a certain premium.

Dr. Beling replied in the negative.

Another member asked whether, if a man said that he wanted Mr. Wall to defend the case, the company would stand by the contract; also whether it would do so if a man said he wished some other counsel.

Dr. Beling answered that the company would not allow a man to select his counsel. The company paid the damages, and must have a voice in the defense of the man. It would, however, give the Society a majority representation in a committee of five to decide what plan of action shall be carried on.

The motion to adopt the recommendations of the Committee on Revision of Medical Defense and Insurance was then voted on and carried.

The report of the Committee on Publication was read by its Chairman, Dr. Charles D. Bennett, of Newark, and was as follows:

REPORT OF THE COMMITTEE ON PUBLICATION FOR THE YEAR 1921.

Mr. President and Members of the Society:

One year ago, when this committee's report was submitted, the outlook was very discouraging. We had come through the preceding year with a constant struggle against adverse conditions and finally closed the account for 1920 with a very small balance to the credit of The Journal.

That, however, proved to be the turning point. From that time business has improved; our old advertisers renewed their contracts, many new ones were obtained and your committee is happy in being able to report a balance in favor of the Society of \$473.20, for the year 1921.

We have not been able to materially reduce our expenses. The cost of printing and material still remains at its high level and the increase in profits comes almost entirely from the gain in advertisements; our gross income from this source in 1921 being \$4,427.97, as against \$3,920.64 in 1920, and \$3,354.05 in 1919.

It is also of interest to note that your committee found it necessary only to draw upon the Society's treasury for \$1,360.95, making the actual cost of The Journal to each member only sixty-five cents.

This seems a very favorable showing, and yet it may be wise to note that in May it became necessary to remove 168 names from the mailing list, because of unpaid annual dues. About sixty of the names have since been replaced on the list, but there still remains a long list of delinquent members, who are perhaps wondering why they are not receiving The Journal. Possibly this statement may make the matter clear to them.

Respectfully submitted,
CHARLES D. BENNETT,
Chairman.

Statement of Charles D. Bennett, Chairman of the Committee on Publication of the Medical Society of New Jersey.

For the Year Ending December 31, 1921.
Trial Balance of Ledger Taken December 31, 1921.

Accounts.	Dr.	Cr.
Cash balance	\$ 601.96	
Reinhold Schuman	36.00	
Dr. Daniel Millspaugh....	74.00	
Dr. Otto Lowry.....	75.00	
Dr. Marcus Newcomb....	9.75	
Belle Mead Sanitarium...	16.50	
Anspach Brothers	27.00	
Shaffer Laboratories	9.00	
Dr. Reba Lloyd.....	18.00	
Walters Park Inn.....	22.00	
Farwell & Rhone.....	3.50	
Official lists		1.00
Ashbrook Sanatorium ...	4.50	
Co-Operative Med. Ad. Bu	139.73	
Med. Soc. of N. J.....		2,360.65
Orange Publishing Co....	2.00	
Printing and mailing....	3,702.17	
Reprint account	77.35	
Journal, sale of copies...		11.27
Editorial salary and ex...	1,125.00	
Chairman salary and ex...	375.00	
Advertising		4,427.97
Commissions	371.87	
Discount	85.75	
Loss and gain account...		55.64
Miscellaneous account ...	104.35	
Totals	\$6,880.43	\$6,880.43

ENDING DECEMBER 31, 1921.

Accounts.	Rec.	Dis.
Journal, sale of copies...	11.27	
Advertising	4,427.97	
Extra Subscription account	23.90	
Membership sub. account.	2,100.00	
Printing and mailing.....		3,702.17
Reprint account		77.35
Editorial salary and ex...		1,125.00
Chairman salary and ex...		375.00
Commissions		371.87
Discounts		85.75
Loss and gain account...	18.79	
Net gain		844.67
Totals	\$6,581.93	\$6,581.81

COMPARATIVE STATEMENT.

	1920.	1921.
Advertising receipts	\$3,920.64	\$4,427.97
Subscription, regular	2,050.00	2,100.00
Subscription, extra	64.00	23.90
Sales of Journal.....	15.67	11.27
Dividend received	153.78	95.60
Printing and mailing Jour.	3,615.81	3,454.17
Official list	219.74	248.00
Cuts and plates	7.00	
Editorial salary	1,450.00	1,125.00
Chairman's salary	250.00	375.00
Reprints	50.25	77.35
Commissions	376.24	371.87
Discounts	80.43	85.75
Stationary and supplies..	6.50	
Miscellaneous expenses ..	104.64	
Net gain	43.48	844.67
Received from Dr. Mercer	5,680.00	5,375.00
Paid to Dr. Mercer.....	3,585.82	4,014.05
Totals	\$2,094.18	\$1,360.95
Per member, about.....	1.00	.65

ENDING, DECEMBER 31, 1921.

Amount of advertising secured by Co-operative	\$1,412.95
Amount of discount and commission allowed	446.21
Amount of advertising secured by other sources	3,015.02
Amount of discount and commission allowed	11.41
Total amount of advertising	4,427.97
Total amount of discount and commission	457.62
Net proceeds from advertising	3,970.35
Bills payable	\$808.45
Bills receivable	436.98

Total \$371.47

Net gain 844.67

Total expense 371.47

Actual gain \$473.20

The amount of \$76.81 was marked off for bad debts uncollectable, and amount charged to loss and gain account.

Dr. Bennett explained that every month the committee sent bills to advertisers, subscribers and others, and turned the bulk of the money received from them over to the Treasurer, with an itemized account. Every month the committee then draws on the Treasurer for sufficient funds to meet the expenses, including the printing and the two salaries. The Chairman of the committee, on that basis, paid the Treasurer \$4,000 plus, and drew on him for \$5,386, a difference of \$1,360. The Journal had practically paid for itself and a little more than its own expenses, except for the two salaries, which aggregated \$2,000. These salaries covered also the expenses of the Chairman of the committee and the editor. Dr. Bennett did not know what the editor's expenses were, but thought that they must be considerable. The Chairman had to pay postage, stationery and clerk hire, which came to about \$200. He said that although it might seem as if it had cost the Society \$1,365, they must remember that if they did not have the Journal, they would have to issue a volume of transactions every year. It had been estimated that it would cost, at the present time, at least \$3,000, and probably \$4,000 to publish and distribute the transactions. By having the Journal they got it practically for nothing, saving from \$1,000 to \$2,000 besides.

It was moved and seconded that the report be received and placed on file. Carried.

The report of the Auditing Committee was made verbally by Dr. Claudius R. P.

Fisher, of Bound Brook, who stated that the committee had made a careful examination of the Treasurer's accounts and found them correct.

It was moved that the report be received and placed on file, and that the committee be discharged with thanks. The motion was seconded and carried.

Adjourned at 12:30 M.

SECOND SESSION.

Wednesday Afternoon, June 21.

SECOND MEETING OF THE HOUSE OF DELEGATES.

The meeting was called to order by the President, Dr. Costill, at 3 P. M. The President stated that the address of welcome, which had been on the program for the morning session, had been postponed, owing to the fact that the attendance was so small and that the Mayor of the Borough of Spring Lake, who was to have delivered it, was ill. He then introduced Mayor W. G. Bamford, of Belmar.

Mayor Bamford then delivered the address of welcome, which was extemporaneous. Mr. Bamford read some very interesting statistics showing the relatively great increase in value of the land in counties of New Jersey bordering on the ocean, as compared with that in those farther inland.

A rising vote of thanks was given to Mayor Bamford for this address of welcome, and the courtesies of the floor were extended to him.

Dr. Reddan made a supplementary report for the Committee of Arrangements, in which he asked those interested in golf to register for a match, and stated that \$1,313 worth of space had been sold to exhibitors. As the expenses for entertainment would be but \$673, the committee would be able to turn over to the Society more than \$600. He also stated that the committee had handed some recommendations to the Budget Committee in regard to the future conduct of the Committee of Arrangements, which had this year collected over \$4,000 from the exhibit.

Dr. Reddan also announced that the Scientific meeting in the evening would be held in the grill room, in the basement, so that the room in which the meeting was being held could be used for a concert and informal dance.

It was moved and seconded that the Society extend a vote of thanks to Dr.

Reddan and his committee for the very successful way in which they had handled the entertainment and the financial side of the work. The motion was carried.

Under unfinished business, the Secretary stated that the election of permanent delegates, laid over from the morning session, was not yet ready to be taken up.

The President called for the report of the Business Committee, Dr. D. F. Weeks, of Skillman, one of its members, stated that the committee had nothing to report.

The Secretary read a list of the names of members of the Nominating Committee, which had been given to him, as follows: W. B. Stewart, Joseph Payne, M. W. Newcomb, Thomas B. Lee, Charles E. Sharpe, C. E. Sutphen, S. R. Cosgrove, F. A. Thomas, James J. McGuire, G. V. V. Warner, A. A. Lewis, F. J. Keller, R. M. S. Davis, D. F. Weeks, F. P. Wilbur, S. F. Quinn, L. C. Osmun.

Under unfinished business the President then called for the report of the Committee on Revision of the Constitution and By-Laws, which had been laid over from the morning session.

Dr. Alexander Marcy, Jr., of Riverton, its Chairman, reported as follows:

Your committee has given the matter very careful consideration, and recommends the following changes. The old constitution and by-laws have been in operation for twenty-nine years. Before these amendments can be enacted into laws it will be thirty years. That constitution and by-laws was formed after a plan recommended by the American Medical Association, and, in the main, is still all right for the guidance of this Society.

When I accepted the chairmanship of this committee I had no intention of being absent from the country for a length of time, which I had to be, and the major amount of the work was done by the committee in my absence. I asked Dr. Beling to take charge of the work, which he did; and the work was done largely by him. After hearing his wonderful reports you will agree with me that the work is well done. I asked him to continue still to be the chairman of the committee after my return, which he refused to do, so I am here to present these new by-laws. Dr. Marcy then read the proposed changes, as follows:

BY-LAWS OF THE MEDICAL SOCIETY OF NEW JERSEY.

CHAPTERS I, II, III.

No change.

CHAPTER IV.

Section 1. On line 2 strike out the word "annually."

On line 7 strike out the words "and Third Vice President's addresses," and substitute the word "address."

Section 2. On line 3 place a period after the word "quorum," and strike out the word "and," and capitalize "a" in the word "all." Sections 3, 4, 5. No change.

CHAPTER V.

Section 1. No change.

Section 2. Strike out entire Section 2 and substitute: "Each component society shall elect at its annual meeting one delegate to serve as a member of the Nominating Committee of the State society, and one alternate thereto; this elected member, or his alternate, shall present his credentials to the Recording Secretary as a member of the Nominating Committee from his county at the close of the first session of the annual meeting. Also at the close of the first session of the annual meeting the Fellows shall elect five of their number to be members of the Nominating Committee, who shall forthwith present their credentials to the Recording Secretary. The delegates, or their alternates, so elected from their respective counties, and the representatives so elected by the Fellows shall compose the Nominating Committee. This committee shall meet at the close of the first session and report the result of its deliberations to the House of Delegates in the form of a ticket containing the names of one or more members for each of the offices to be filled at that annual meeting, including nominations for trustees, standing committees, councillors, delegates to the American Medical Association and to corresponding State medical organizations, etc.

Section 3. Five delegates shall be nominated and elected to the Board of Trustees from the component societies at large, one from each judicial district. It is hereby provided that the election of these trustees shall be as follows: One for five years, one for four years, one for three years, one for two years and one for one year, and thereafter one for each year for a full term of five years. In the event of a vacancy by death, resignation, or otherwise, the president of the society shall appoint a member ad interim.

Section 4. Substitute Section 3 of the present by-laws without change.

Section 5. Substitute Section 4 of the present by-laws without change.

CHAPTER VI.

Section 1. No change.

Section 2. On line 9 cut out the words "during the interim," as being redundant.

Section 3. Strike out Section 3 and substitute Section 4 in its place.

Sections 5, 6, 7 to be changed to read "Sections 4, 5 and 6," respectively.

Section 4. Change paragraph No. 1 to read as follows: "It shall be the duty of the Board of Trustees to organize annually and

elect a chairman and secretary; to exercise a general supervision over the affairs of the society, with authority to recommend and to act for the society whenever necessary; to keep full minutes of all meetings; to give the House of Delegates a summarized brief of its proceedings and recommendations, and to publish yearly in the Journal of the Medical Society of New Jersey a full report of the same; to require and hold official bond of the Treasurer for the faithful execution of his duties; to annually audit his accounts and to include a statement of the same in the general report.

Section 4. On line 20 strike out the words "the duties and labors" and substitute the words "the work."

CHAPTERS VII, VIII.

No change.

CHAPTER IX.

Section 1. The standing committees shall be as follows: (a) To be elected: Arrangements, Nominations, Publication, Program, Scientific Work, Hygiene and Sanitation. (b) To be appointed: Credentials, Honorary Membership, Hospital Standardization, Business, Public Health Education, Welfare.

Sections 2, 3. No change.

Section 4. On lines 1 and 2 cut out the words "be selected" and substitute the word "meet."

Section 5. On line 5 change the word "summary" to "summarized."

On lines 7 and 9 strike out the words "together with the incidents and legal decisions of professional interest and of special progress made."

On line 11 strike out the words "special orators" and substitute the words "eminent authorities."

On lines 18 and 19 strike out the words "all writers (invited or applying to present papers)" and substitute the words "those taking part in the program."

Section 6. Strike out Section 6 and substitute Section 7 in its place.

Section 7. Substitute Section 8 in its place.

Section 8. On line 12 strike out the words "Committee on Legislation" and substitute the words "Welfare Committee."

CHAPTER X.

Committees to Be Appointed.

Section 1. Committee on Credentials. No change.

Section 2. No change.

Section 3. No change.

Section 4. No change.

Hospital Standardization.

Section 5. The Committee on Hospital Standardization shall consist of six members appointed by the President, two for one year, two for two years and two for three years, and thereafter two members annually to serve for three years. These appointees shall all be members of the staff of a standardized hospital in the State of New Jersey.

Welfare Committee.

Section 6. The Welfare Committee shall be composed of at least five members to be appointed by the President. One of these members shall be elected Chairman and serve as the executive officer of the committee. It shall be the duty of this committee to look after all legislative matters; to keep informed

as to all medical legislation introduced in the Legislature; to hold necessary meetings at which each component society may make known its recommendations through the Chairman of its Welfare Committee; to present annual report to the House of Delegates. To this committee shall be referred all questions of professional welfare not included in the specific work of the Judicial Council.

This committee shall effect a close cooperation with each component county Medical Society in all matters pertaining to the welfare of the profession; request attendance of members at legislative hearings; correspondence and interviews with legislators; and shall report from time to time upon the progress of its legislative work to each component society. It shall be empowered to employ a special agent, or agents, and to expend such moneys as shall be approved by the Board of Trustees.

CHAPTER XI.

No change.

CHAPTER XII.

Section 1. On line 6 strike out the word "March" and substitute the word "January."

CHAPTER XIII.

No change.

CHAPTERS XIV, XV, XVI, XVII.

No changes.

It was moved by Dr. Samuel A. Cosgrove, of Jersey City, that the report be received and that all the recommendations contained therein be adopted. The motion was seconded.

Dr. Fisher asked whether these amendments did not have to lie over for a year.

The President answered that the matters referring to the constitution would have to lie over until 1923, but that those referring to the by-laws could be acted on at this meeting, but would have to be read more than once. Dr. Cosgrove's motion was, therefore, ruled out of order.

Dr. Cosgrove changed his motion and moved that the report be received. The motion was seconded and carried.

The President stated that no motion was necessary in regard to the proposed amendments to the constitution, which would take their usual course and lie over for a year.

Dr. Cosgrove then moved that the recommendations in regard to changes in the by-laws be read for the second time by title at the end of that afternoon's session. The motion was seconded and carried.

FIRST GENERAL SESSION.

The first paper on the Scientific Program was the address of the Third Vice-President, Dr. Alexander McAlister, of

Camden. Dr. McAlister read his address which was on the subject of "Group Medicine."

The second paper on the program was entitled "Has Quinine a Place in the Treatment of Pneumonia?" and was read by Dr. Charles J. Murn, of Paterson.

The discussion on this paper was opened by Dr. Charles A. Scribner, of Paterson. Dr. Scribner presented a written discussion. This paper was also discussed by Drs. Dickinson, Burton and Chandler.

Dr. Chandler read the names of the counties that had not made a report regarding permanent delegates.

The President announced that the Nominating Committee would meet immediately after the adjournment of the afternoon session.

Ajourned at 4:30 P. M.

THIRD SESSION.

Wednesday Evening, June 21.

SECOND SCIENTIFIC SESSION.

The meeting was called to order by Dr. Wells P. Eagleton, the Second Vice-President, at 8:30 P. M.

The first paper of the evening was the "Address of the President," Dr. Henry B. Costill, of Trenton, entitled "A Medical Survey." This was read and was printed in the July Journal.

Dr. Eagleton stated that while it was contrary to custom to discuss the president's paper he would take the liberty of offering it to the Society for discussion. He asked Dr. Dickinson to open the discussion.

The address was then discussed by Drs. Dickinson, Donaldson, of Conn.; McAlister and Costill.

Dr. Wells P. Eagleton, Newark (presiding): I think that Dr. Costill's argument has started us on lines that we have not thought of before. The evening is getting late, so we will take up the next item: "When Not to Operate," by Dr. George Blackburne, of East Orange. (Dr. Blackburne read his paper.)

This paper was discussed by Drs. Philip Marvel and Carl Sutphen.

The paper was then thrown open for general discussion, but no one else cared to discuss it. Dr. Blackburne stated that he had nothing to add in closing. The hour being late, President Costill decided not to call for the report of the Welfare Committee until the following day, and the meeting then adjourned.

FOURTH SESSION.

Thursday Morning, June 22.

THIRD MEETING OF THE HOUSE OF DELEGATES.

The meeting was called to order by the President, Dr. Costill, at 9:30 A. M.

Dr. Reddan, Chairman of the Committee of Arrangements, announced that a photographer would take a picture of the Society in front of the hotel immediately after the adjournment of the morning session. Also that at 3 o'clock there would be a meeting of the State Board of Medical Examiners with the Councillors in Room 25.

Under unfinished business. Dr. Stephen T. Quinn, of Elizabeth, made a motion that they take up the report of the Welfare Committee, for which the program did not provide a definite place.

Dr. Costill said that he had intended to call for this report shortly, but thought it would be better to wait until more were present, and, in the meantime, take up some other unfinished business.

Dr. English then presented the second report of the Board of Trustees, which was as follows:

The Board of Trustees met Wednesday noon, June 21, 1922, thirteen members being present.

Dr. Charles D. Bennett, chairman of the Publication Committee, was present and presented his report of the committee's receipts and expenditures for the year ending January 1, 1922, which showed a balance on hand at that date of \$473.20. He said that the annual cost of the Journal to each member of the society was only sixty-five cents for the year 1921 and that the prospect for 1922, judging from the first five months to June 1, would largely exceed last year's balance. He also stated that all monies received by him from all sources were paid over to the treasurer of the society and that he, the chairman, paid all debts incurred by the committee, as he received money back from the treasurer to do so. The report was accepted and approved.

Dr. Hunter presented the report of the Committee on the Budget System, in substance as follows:

"It is the sense of your committee that the present Finance Committee shall be made the Finance and Budget Committee, with duties as follows: Obtaining full and complete data upon the financial status of the society to be presented to the Board of Trustees at every annual meeting. Its membership shall consist of the Second Vice President, who shall be its chairman, and two others; one of whom shall be elected for two years and the other for three years. It shall be the duty of the committee to furnish the Board of Trustees with the following financial data: 1. Annual report of Treasurer; 2. Supplemental report of income and expenses, January 1 to date of

annual meeting; 3. Statement of estimated income and expenses for the remainder of the fiscal year; 4. Statement from all officers having disbursements to make of estimated expenses for the year, e. g., Publication Committee, Welfare Committee, Recording and Corresponding Secretaries, Committee of Arrangements, etc.; 5. Apportionment of available and estimated funds to the various committees in such a way as to assure always a working balance in the treasury."

The report says concerning the Publication Committee:

"The Chairman should send to the Treasurer all monies received, with an itemized statement of all receipts and expenditures, and draw upon the Treasurer for the running expenses of the Journal as necessity requires. The editor's salary includes his expenses, which must be large on account of his help, correspondence and traveling expenses, estimated at \$250; the Chairman of the Publication Committee's salary includes his expenses, estimated at \$150. The actual cost of the Journal to the society is \$2,000 salaries, which is much cheaper than was publishing the volumns of transactions in former years and is decidedly more valuable. It is estimated that the volume would cost now from \$3,000 to \$4,000 for the 2,000 or more members."

The committee concludes its report as follows: "There are too many committees, with overlapping duties. The Program Committee and the Committee of Arrangements should be consolidated and should be a Standing Committee, its members elected for one, two and three years, having authority to add to its membership temporarily each year two or three members who live in the locality where the State society is to hold its annual meeting; the Recording Secretary of the society should be ex-officio, a member of the committee."

The report was accepted and adopted, and the Finance and Budget Committee was requested to prepare and submit to the board a budget that will provide for the estimated expenses of the society for the balance of the present year. Dr. Philip Marvel suggested that the society should create a Sinking Fund. Dr. G. K. Dickinson moved that the editor and also the chairman of the Publication Committee shall be paid the same salaries, respectively, as last year and in addition the necessary expenses incurred by them in the prosecution of their work shall be paid by the society. It was unanimously adopted.

Dr. D. C. English was reelected editor of the Journal for the year beginning July 1, 1922. Dr. Bennett's term does not expire till July, 1923.

Respectfully submitted,
D. C. ENGLISH,
Secretary.

On motion the report of the Board of Trustees was received.

It was then moved that the recommendations contained in it be taken up under the head of new business. The motion was seconded and carried.

It was moved by Dr. Pollak that the supplementary report of the Board of

Trustees be accepted, and its recommendations concurred in. An amendment to this motion was offered by Dr. Harvey that the recommendations concerning changes in the constitution and by-laws be referred to the Committee on Revision of the Constitution and By-Laws, to be presented with the other changes at the next annual meeting.

The maker of the motion accepted the amendment. The motion, as amended, was seconded.

Dr. Eagleton called attention to the importance of this step, and stated that Dr. Harvey, Dr. Hunter and himself had been appointed a committee to find out certain facts, because it had been found impossible to obtain data definitely and quickly. They had too long tried to run the Society on a philanthropic basis. They had asked men to do work for them, and had not paid them. The whole thing was run in a slipshod manner, the way the program for the meeting had been made up being an example. One committee got the speakers and passed their names on to the Committee on Program. Then another committee, the Committee of Arrangements, was formed, and did other things. There was no co-operation between them. The latter committee deserved credit this year, the speaker said, because this meeting would pay for itself for the first time. The Chairman had no authority to do the work that was given him to do, and practically no money. The Committee on Scientific Work obtained speakers who came from a distance, and asked that they be put on at a certain time that would be convenient for them, which was done. Dr. Eagleton then went on to say that they could not expect busy men to work for them without paying for it. They could not. It was impossible to know what they had to spend, because they could not tell at any time just how many members were in the Society. It was impossible to ask men to work for them without pay, and then demand of them the efficiency that they could demand of a paid worker. Dr. Eagleton mentioned as another example of unbusinesslike methods the fact that the report of the Welfare Committee had no particular place on the program.

Dr. Weeks called attention to the Committee on Business, which did have a place on the program, and said that for the last couple of years it had not functioned. Its members had been in at-

tendance, and no business had been referred to them. He thought that the committee should be discontinued.

Dr. Eagleton called attention to the fact that the salary of the Secretary was inadequate for the much greater amount of work necessitated by the growth of the Society.

Some further discussion followed, which brought out the fact that the Secretary and the other officers had to pay their expenses out of their own pockets.

Dr. Marvel offered an amendment to the motion, to the effect that the Board of Trustees be authorized to appropriate a sufficient amount to meet the necessary expenses of the Secretary, Editor and other officers for the coming year; that is, that they be authorized to honor drafts of the Secretary, Editor and other officers for their necessary expenses. The amendment to Dr. Harvey's and Dr. Pollock's motion, as amended, by Dr. Harvey, was then stated by the President.

Dr. Eagleton inquired whether that meant that they could hire clerical help, and Dr. Marvel replied that that was his idea. He had offered the amendment simply to make up the deficiency for this year, before the amendment to the constitution could take effect. Next year the constitution would take precedence of this motion.

Dr. Marvel's amendment was then voted on and adopted.

The original motion of Dr. Pollak, with the amendment by Dr. Harvey that the maker of the motion had accepted, was then voted on and carried.

Under new business, Dr. Tansy, of Essex, stated that two of the most malignant chiropractors in the United States had brought a suit against him for \$2,000 damages, because they claimed that he had called them crooks and fakers. This he had done, because they had sent circular letters to all the doctors that they could reach, vilifying the medical profession in general. He had finally gone to the postoffice and told them that he refused to have any more letters from them delivered by his carrier. Two months later they began the suit for damages. He had gone before the councillors at Dr. Beling's office. They had offered him much sympathy, but that did no good. He had then gone before the county society, which approved of his action, and said they

would back him up to whatever extent was necessary to beat these chiropractors. The case was put in the hands of the attorney-general for prosecution. The attention of the State Board of Medical Examiners had been called to the fact that suit would be brought against these individuals, because they had no right to keep their school open or issue degrees or diplomas. The case went to court, but they did not appear, and the judge nonsuited them. He had received two more summons from both, saying that they were going to continue the suit at the next term of court.

Dr. Tansy felt that this was not a personal matter alone, but a battle that they should all take a hand in, so that it might be crushed once and forever.

The President said that the constitution provided a regular channel through which this matter should go.

Dr. Eagleton made a motion that the matter concerning the Eastern College and Dr. Tansy's case be taken up as a special order of business at the afternoon meeting of the House of Delegates. The motion was seconded and carried.

The matter of the election of permanent delegates, deferred from the preceding day, was then taken up. The Secretary read the list of those nominated. (For names see page 283.)

It was moved by Dr. Quigley, of Bayonne, that the Secretary cast the ballot for the election of those whose names had been read. The motion was seconded and carried. This was done, and they were declared elected.

The report of the Welfare Committee was presented by Dr. Eagleton.

This report will appear in a subsequent issue of The Journal.

The report was greatly applauded, and all rose to show their appreciation of the work done by Dr. Eagleton's committee.

It was then moved that the Welfare Committee receive a rising vote of thanks. This was carried unanimously, and all rose and gave cheers for Dr. Eagleton.

Dr. Quinn moved that the report be received and that the discussion of some of the recommendations contained therein be set as a special order of business for the afternoon, after the election of officers.

Dr. Costill suggested that, as Dr. Landis, the first speaker in the general ses-

sion of the morning, had not yet arrived, they had better take up the discussion of the report of the Welfare Committee immediately. This was done.

Dr. Eagleton said that the thing to be decided was whether the medical profession of New Jersey desired that there should be established a definite standard of fees, to give the Department of Labor, in the administration of the Workmen's Compensation amendment, or whether it thought that every doctor should render bills according to his own standard, if it did not want a definite schedule of fees, he thought that it should evolve some method whereby the manufacturers and insurance companies would feel that they would be protected against unreasonable charges.

Discussion on Report of Welfare Committee.

Dr. Frederick J. Quigley, Town of Union, Hudson County, thought that the sense of the State had already been ascertained in reference to the question of fees, and said that there were only two or three counties in the State that were desirous of having a minimum and maximum fee schedule. He agreed with Dr. Eagleton that some protection should be given the employer. The law, he said, provides that the fee must be reasonable and based on the fees prevailing in the community. He felt that there would be some difference, even there, because the men engaged in some types of surgery would have higher fees than others on account of their skill. He expressed the opinion that probably the best arrangement to protect the employer would be a suggestion by the State Medical Society to the Workmen's Compensation Bureau that the individual county societies should appoint a committee of about three to pass upon the reasonableness of bills that were in dispute.

Dr. Frank W. Pinneo, of Newark, stated that at present it was incumbent upon the State Department of Labor to adjudicate bills if the case was in controversy. All bills below \$50 were settled between the employer and the doctor, but others were left to the deputy commissioner to settle. In the conferences that Dr. Pinneo had attended he found that the deputy commissioners of labor did not like their job. He thought that they felt that they were unable to

judge of the value of medical services. He thought that the medical profession should settle the reasonableness of the fees.

Dr. D. C. English, of New Brunswick, offered a resolution that the State Medical Society was unalterably opposed to a schedule of fees. He said that the county societies had spoken unmistakably on the subject. Something, however, must be done in the interests of the employer, but he thought that this should be left to the Welfare Committee to decide.

The resolution was seconded.

Dr. Eagleton said that some counties felt that there should be a schedule of fees, and suggested that they have a roll call of the counties.

Dr. English said that the county societies had spoken overwhelmingly against a schedule of fees. He thought that Dr. Quigley had given a strong argument why one should not be adopted, because of the different fees prevailing in different localities. With reference to doctors overcharging, he did not believe that this would occur to any extent, although it might in exceptional cases.

Dr. William G. Schauffler, of Princeton, had always been in great doubt as to what was meant by a schedule of fees. He called attention to the fact that there was a schedule in the back of the by-laws, but that the limits were so large that there could be no possible objection to it as a tentative fee table. To fix absolute fees in every case, however, would be inadvisable, in his opinion. To have something as a guide as to what should be considered a fair maximum and minimum charge, he thought, would be wise. He doubted whether any improvement could be made in the schedule printed in the by-laws, and read some parts of it, as examples.

Dr. said that the reading of some parts of this schedule showed how ridiculous it was. No one paid any attention to it, and he thought that it should be taken out of the by-laws.

Dr. George Blackburne, of East Orange, stated that he was on the staff of a hospital that handled as much liability work as most hospitals, or more, and he thought that it would much simplify their work and be more satisfactory to them and to the employer and everyone else if they had a schedule. Very few

doctors, he said, were earning a living out of that class of cases alone, and the schedule would not apply to other classes. He thought it would be well to have a schedule to cover ordinary cases and have the exceptional cases go to this referee for final adjustment.

Dr. Philip Marvel, of Atlantic City, thought they were laboring under a misconception. He asked that the chairman of the committee explain exactly what he meant by a list of fees. As the speaker understood it, this list was not intended to regulate the practice of the members of the State Society, but only practice coming under the head of Workmen's Compensation, which was only a limited practice. He thought that all the parties concerned wanted to know was what the charge was likely to be.

Dr. Eagleton replied that they were not thinking of a schedule for the State Society, but merely talking of writing into the law and putting in the hands of politicians a definite schedule of fees for given work, which they could cite by days or hours, and know the value of the skill required. Furthermore, it would put in the hands of the lawmakers a lever which would hurt the profession. In the Venereal bill there had been a \$15 fee for a Wassermann. They had thought it fair to let these people know what could be charged for such an examination. This met with opposition in the House, and the committee gladly dropped it out. In the Workmen's Compensation Law the insurance companies were always figuring on the minimum cost, and not on the basis of the value of the work.

Dr. James Hunter, Jr., of Westville, thought it would be well to stick to the amendment suggested by Dr. Eagleton that they have a roll call of the county societies.

The Secretary called the roll of the county societies, and their delegations answered as to whether the county society had voted for or against a schedule of fees. The result was as follows:

Atlantic, against; Bergen, against; Burlington, against; Camden, against; Cape May, no delegate present; Cumberland, against; Gloucester, against; Essex, against; Hunterdon, against; Hudson, against; Mercer, against; Middlesex, against; Morris, against; Monmouth, against; Ocean, no delegate

present; Passaic, against; Salem, no delegate present; Somerset, for a minimum fee, and against a maximum; Sussex, no delegate present; Union, for; Warren against.

Dr. Hunter said that the vote being overwhelmingly against the fee schedule no discussion was needed. Dr. Costill so ruled.

The resolution of Dr. English was then brought up. Dr. Costill stated that the motion was that the consensus of opinion of the State Society was unalterably opposed to the fixation of a fee schedule, and that this, of course, included reference back to the Welfare Committee.

Dr. Costill said they had practically decided that the Society was against, and it only left the balance of the motion.

Dr. Eagleton said that when the motion had been put the President had not said anything about reference back to the Welfare Committee.

Dr. Costill replied that the rest of Dr. English's motion was included.

Dr. English said that his motion was specific, that they were unalterably opposed to a fee schedule, and that the question of action with reference to the employers be referred back to the Welfare Committee to adjudicate.

Dr. Costill said that was the motion that was put, and that was the one carried, but that Dr. Eagleton could ask for a reconsideration of the question.

Dr. Eagleton asked the privilege of the floor, so that the members might understand, and then said that one of the chief troubles with the law that they had been operating under was that the physicians had not understood it. He had a check that had been sent to a physician by an insurance company for a compound fracture of the elbow for only \$20. Dr. Eagleton had told the doctor that it was his own fault, because the law allowed him to appear before the Commissioner of Labor and demand \$200. He said that he did not know anything about that. Dr. Eagleton stated that an insurance company had said they would allow him \$200, and he had said: "You will not allow it, you will pay it, because it is the law, but I will try to make you pay \$250. Do not try to pull that stuff on me." Dr. Eagleton said that the chief problem that they had to face was how they were going to

protect the insurance company against a group of men who would be bound to overcharge, according to the views of a disinterested party.

Dr. Eagleton stated that the Department of Labor had sent to the Welfare Committee two communications giving their interpretation of the present law. It did not agree with theirs. The problem should not, he thought, be turned over to the committee. They should do the job themselves. It had been suggested that there should be a Bureau of Industrial Insurance established. He thought that in the near future the county societies should be brought together, so that they could discuss the matter, because they must go at it intelligently, scientifically and with the understanding that if they went into it they should go solidly together.

Dr. Costill asked whether that was not really the intent of Dr. English's motion.

Dr. English replied that it most undoubtedly was.

Dr. Costill said that this was undoubtedly the spirit of the motion—that the matter be left with the Welfare Committee to take up with the societies and the Department of Labor, and work out a solution. The meeting understood that, and to his mind, the whole question was settled.

THIRD SCIENTIFIC SESSION.

Thursday Morning, June 22.

Dr. H. R. M. Landis, of Philadelphia, Pa., delivered the oration in medicine.

Dr. English then moved that the thanks of the Society be tendered to Dr. Landis for his exceedingly interesting instructive oration, and that he be invited to remain with them as their guest and sit as a corresponding member of the Society. The motion was seconded and carried.

FIFTH SESSION.

Thursday Afternoon, June 22.

MEETING OF THE HOUSE OF DELEGATES

The meeting was called to order by President Costill at 2:40 P. M.

The report of the Committee on Revision of the Constitution and By-Laws was brought up for the third time, and Dr. Alexander Marcy, Jr., of Riverton, its Chairman stated that this was the

same report that had been presented on the previous day and read in full the first time, and by title later. So far as it concerned the by-laws it had been laid on the table for twenty-four hours. It was now to come before the house for final action. Dr. Marcy then read the entire report, including the recommendations regarding changes in the constitution, again. He stated that it was necessary for the latter to lie over until the following year. Any alterations or corrections could be made this year or the following year, before the adoption of the amendments.

No corrections being made, Dr. Marcy took up the matter of the proposed changes in the by-laws. The first change discussed was that in Chapter IX, referring to committees. Among standing committees: The duties of the Committee on Program and the Committee of Arrangements were combined into one committee, called the Committee of Arrangements. The Legislative Committee had been abolished, its work being under the charge of the Committee on Welfare. Class A included those standing committees that were to be elected, and the Welfare Committee was made elective, although up to this time it had been appointive. This aroused some discussion. Dr. Harvey said that if it was to be elective it should not be named as one of the committees in Class B, which were appointed by the President. He thought, however, that it was much better to keep it among those committees to be appointed by the President, for various reasons, which he stated. Dr. Eagleton agreed with Dr. Harvey, and gave more reasons.

Dr. Harris thought that the work would fail unless the man heading the committee could have a great deal to say about who should assist him. He thought that if the members were elected, although they might be equally competent, they might be men who would not work well together.

The President being willing, Dr. Marcy said that he would change it back as it was before; the committee to be composed of at least five members, to be appointed by the President.

Dr. Marvel called attention to the fact that the committee was called the Welfare Committee, but that in one place it was called the Legislative Committee.

Dr. Marcy said he would correct that.

Dr. Fisher moved that the report of the Committee on Revision of the Constitution and By-Laws be adopted in the amendments to the by-laws recommended.

The motion was seconded and carried.

Dr. English made a motion that the Secretary be instructed to have copies of the by-laws printed in pamphlet form at as early a date as possible, and distributed among the members of the Society.

Dr. Marcy offered an amendment that there be 3,000 copies printed. The amendment was accepted by the maker of the motion, and the amended motion was seconded and carried.

The report of the Nominating Committee was then read by the Chairman of the Committee, Dr. Gordon K. Dickinson, and was as follows:

The Nominating Committee met in the Hotel Monmouth, June 21, at 5:30 P. M., and organized by electing Dr. Gordon K. Dickinson chairman, and Dr. David F. Weeks, secretary. The following persons were nominated for the various positions by unanimous vote:

President, Dr. James Hunter, Jr.; First Vice-President, Dr. Wells P. Eagleton; Second Vice-President, Dr. Alexander McAlister; Third Vice-President, Dr. Archibald Mercer; Corresponding Secretary, Dr. Harry A. Stout; Recording Secretary, Dr. William J. Chandler; Treasurer, Dr. Elias J. Marsh.

For Councillors—First District—Mefford Runyon. Second District—John C. McCoy, Edward S. Hawke, Henry H. Davis, Walt P. Conaway.

For Delegates to the American Medical Association—Wells P. Eagleton, Newark. Alternate delegate, Philip Marvell, Atlantic City.

As members of the Publication Committee, for three years—William J. Chandler, South Orange; Edward Ill Newark.,

As a member of the Committee on Scientific Work—A. Haines Lippincott, Camden.

Committee on Public Hygiene and Sanitation—George E. McLaughlin, Jersey City; H. Garrett Miller, Millville.

Place of next meeting, Atlantic City. The committee recommends that the Board of Trustees decide on the time and headquarters for the next meeting.

Delegates to State Medical Societies—W. Blair Stewart, to Pennsylvania State Society.

The committee also recommends that the Secretary be authorized to give credentials to other members who may desire to act as delegates to other State Medical Societies.

Respectfully submitted,

DAVID F. WEEKS, Sec'y.

SIXTH SESSION.

Friday Morning, June 23.

The meeting was called to order by the President at 10 A. M.

Before taking up the regular order of business according to the program, Dr. Costill introduced the Congressman of the Eleventh New Jersey District, who spoke of the way in which physicians had been hampered during the last few years in prescribing narcotics and alcohol for the sick, and said that Dr. Lambert, while President of the American Medical Association, had caused to be appointed a committee supposed to represent physicians and be the voice of the Association on the subject. That they did not represent physicians in general was proved at the last meeting of the A. M. A. when the House of Delegates, reversed their previous action in a great many instances. The speaker said that this same committee controlled affairs medical, and physicians were not allowed to treat drug addicts, who must be sent to a sanitarium often controlled by laymen. This law was supposed to stop the smuggling of morphine and various other opium derivatives. He thought the speaker thought that the sooner the public was made to understand that doctors did not intend to make morphine, codeine or cocaine habitues, the better. He thought that it behooved the profession to take this matter up under the American Medical Association, and try to get rid of the so-called "Poo Bahs" in that Association. He did not doubt that there were many who had written to the American Medical Association on the subject, and had received evasive replies, as he himself had. A resolution had been introduced into Congress, asking for the appointment of a committee of fifteen men to investigate the narcotic and prohibition situation, which affected every druggist and every doctor in the United States. This resolution, called the Volk resolution, was then in the Committee on Disease. It had been indorsed by the American Medical Association and by every State Medical Society that it had been submitted to, as well as by the American Therapeutic Society; and the speaker asked that the New Jersey State Medical Society take a similar action. The same might be said regarding the alcoholic situation. It was ridiculous, he said, to rule that a druggist could have only five

gallons a month. If the druggist were crooked, he could be arrested. The Volk resolution merely asked that they be allowed, as practitioners of medicine, fair play in the use of any drug. In this country, they had gone along for one hundred and fifty years, and had done more good and given more charity than any other body of men. In this last war physicians had stamped out typhoid fever and other diseases that had killed over fifty per cent. in the previous wars, yet the public mind had been poisoned against them. The resolution was as follows:

The New Jersey State Medical Society feels that the statutes of narcotics is in a chaotic condition, and that many of the rulings made with reference to the use of narcotics in the way of prescribing by legitimate physicians are not founded on scientific facts; and that such rulings considerably handicap the practitioner of medicine in his humane duty to cure and relieve suffering, and that such rulings are an interference with the prerogative and duty of the physician:

THEREFORE, BE IT RESOLVED, That this Society endorse the resolution introduced by the honorable Lester E. Volk, to the end that a careful and scientific investigation of the entire narcotic situation be had, so that both public and physician may be benefitted thereby.

Medical Society of New Jersey.

In annual session, June 23, 1922,

Dr. Gordon K. Dickinson seconded the resolution.

Dr. Theodore W. Corwin, of Newark, said that men of meritorious attainment who had investigated the subject of the influence of alcohol and other materials on women and men had substantiated the claim that alcohol is a toxic agent and is inimical to life. It was this that had led to the prohibition of the use of alcohol, as far as possible. Those who opposed all sorts of regulations, he thought, were more disturbed all the time, because the regulations were becoming more and more effective. He admitted that the regulation regarding opium was injurious to the practice of medicine; because, as doctors, they did have to use toxic materials; but he said that those who brought the matter up at this time did so because they felt sore.

The resolution was then adopted.

The regular order of business according to the program was then taken up.

FIFTH SCIENTIFIC SESSION.

The first paper presented was one entitled, "Newer Phase of the Asthma Problem," by Dr. George P. Meyer, of Camden.

This paper was discussed by Drs. J. Alexander Clark, Jr., Philadelphia; W. Blair Stewart, B. S. Pollak, H. Goldstein, T. W. Corwin and Thomas W. Harvey. The discussion was closed by Dr. Meyer.

Dr. Eagleton announced that if there should be time after reading and discussion of Dr. Orton's paper, there would be a conference of the Welfare Committee with all those in any way interested in industrial insurance or the Workman's Compensation Act. He said that this was not a matter that should be left to a Rehabilitation Advisory Board, but was a tremendous problem that the whole profession must face.

Dr. Chandler stated that the action taken by the Trustees at their meeting on the previous day had instructed him to give certificates to those who had presented them even though they were not in proper form. If any nominees for Permanent Delegates wished to have their certificates accepted, they could present them and receive their cards.

Dr. Haggerty reminded the Fellows of the College of Surgeons that there would be a meeting after the reading of the next paper. It was called to his attention that this might conflict with Dr. Eagleton's meeting; but Dr. Eagleton said that if there was no time then, he would hold his meeting after the close of the afternoon session.

Dr. Costill said that he felt that this meeting of the Society had been more than usually successful, and that he attributed its success largely to the efforts of the various committees and their chairmen. He wished particularly to emphasize the work of the Committee on Public Health and Hygiene, which had had a sort of resurrection. Taken in connection with the paper from the State Board of Health, read the preceding day by Dr. FitzRandolph, their report showed that the committee had a great deal to do, and would need the co-operation of the Society. The committee formed a connection between the State Society and the State Board of Health, he remarked, and they ought to feel very grateful to Dr. Dickinson for resuscitating it. To the chairmen of the various other committees, grateful thanks and apprecia-

tion should be extended for their work.

A motion was made that this be done. The motion was seconded and carried.

The meeting then adjourned to a room in the basement, where a lantern could be used in connection with Dr. Orton's paper. (11.50 A. M.)

Dr. Henry B. Orton, of Newark, then read a paper entitled "Foreign Bodies in the air and Food Passages."

This paper was discussed by Drs. Chevelier Jackson, Barkhorn, Pinneo, Goldstein, Corwin and closed by Dr. Orton.

Dr. Chevalier Jackson, Philadelphia, (who had also been asked to close the discussion:) I have nothing to add.

Before adjourning the session, the President called attention to the fact that this paper opened up a new field, and one so recent that few of them had much knowledge of it. They had, he went on to say, the extreme honor of having with them this morning, at considerable trouble and inconvenience to himself, the pioneer in this field, the man who had not only done the work in this field, but through the goodness of his heart, was teaching it to others. Practically all the men in the country who were doing such work had been educated by Dr. Jackson. The society was greatly honored by having him there, and the least they could do, Dr. Costill thought, was to extend to him a rising vote of thanks for his kindness in being with them. (all rose.) Turning to Dr. Jackson, the President told him that that was how the medical profession of New Jersey felt towards him.

SEVENTH SESSION.

Friday Afternoon, June 23, 1922.

The meeting was called to order by the President at 2.40 P. M. The meeting was held in the same room in which the latter part of the morning session had taken place.

Dr. William G. Schauffler, of Princeton, said that he had been wondering whether the two gavels on the table were quite up to the date of the Society, and would, therefore, ask the President to accept one that looked a little more like the Society. He stated that the wood of which it was made had come from Java, and he hoped that it would help to keep the present and future meetings of the Society in order.

Dr. Costill thanked Dr. Schauffler and accepted the gavel, which it would be his

pleasure to use for the rest of the session, and then turn over to his successor. He said that one of the three gavels had a business-like appearance; one looked like a beer barrel, and the third, like a hammer. He thought it would be a good thing for the President to hold one in each hand, and for the Vice-President to have another; so that the three would be useful.

SIXTH SCIENTIFIC SESSION.

The first paper of the afternoon was the Oration in Surgery, which was delivered by Dr. John H. Gibbons, of Philadelphia.

The oration was not discussed, but Dr. Gibbons received a rising vote of thanks, and was asked to sit with the Society as a corresponding member during the balance of the session.

The next paper of the afternoon, and the final one of the meeting, was one by Dr. Frederick M. Allen, of Morristown, on "The Present Status of Diabetic Treatment."

This paper was discussed by Drs. M. J. Synnott, D. C. English and D. F. Weeks. Dr. Allen closed the discussion.

This ended the scientific program of the One Hundred and Fifty-Sixth Meeting of the New Jersey Medical Society. A meeting of the House Delegates was then held, in order to finish up any business the Society had to attend to.

LAST (FIFTH) MEETING OF THE HOUSE OF DELEGATES.

Friday Afternoon, June 23.

Dr. D. F. Weeks presented the following supplementary report of the Nominating Committee concerning changes in committees made necessary by the adoption of the new By-Laws and the filling of a vacancy caused by resignation:

Supplementary Report of the Nominating Committee.

The Nominating Committee met June 22d, at 5.30 P. M., for the purpose of reconsidering that part of their report relating to nominees for Councillor of the Second District and for the Committee on Arrangements and Program, which committees were consolidated by the adoption of the revised and amended By-Laws by the House of Delegates following the meeting of the Nominating Committee.

The following persons were unanimously nominated:

Committee on Program and Arrangements.

For three years, Dr. Martin W. Reddan, Trenton; For two years, Dr. William D. Olmstead, Trenton; For one year, Dr. William G. Schaffler, Princeton; Ex-officio, Dr. James Hunter, Jr., Dr. William J. Chandler.

Councillor of the Second District.

Dr. Henry Spence, Jersey City.

The Nominating Committee also present the following nominations to comply with the newly adopted By-Laws:

For Board of Trustees.

First District, for five years, Dr. James Minor Maghee, West Orange.

Second District, four years, Dr. B. S. Pollak, Jersey City.

Third District, three years, Dr. George N. J. Somers, Trenton.

Fourth District, two years, Dr. Paul M. Mecray, Camden.

Fifth District, one year, Dr. J. Harris Underwood, Woodbury.

Respectfully submitted,

(Signed) David F. Weeks,

Secretary.

It was moved and seconded that the Supplementary Report of the Nominating Committee to accepted. Carried.

It was then moved and seconded that the nominations be closed, and that the Secretary be instructed to cast the ballot for the nominees presented. Carried. The ballot was cast and they were declared elected.

Dr. Alexander McAlister, of Camden, reported that the new Committee on Finance and Budget had had a meeting that morning, and had estimated the cost of running the Society for the ensuing year to be about twenty thousand dollars. Their income from all sources would amount to eighteen thousand; and to make up that deficit of two thousand, the Treasurer had in hand some Liberty bonds. Dr. McAlister suggested that a motion be made to sell two of these bonds in order to meet the expected deficit.

A member asked whether this budget included the amount advanced on this year's dues, and already used up.

Dr. McAlister replied that he understood that it did.

It was explained that they had run behind two thousand dollars during the last year, and had had to draw on the present year's payments to meet the deficit. That left them a little behind this

year. The speaker did not think that the bonds need be sold at once, but when they ran short of funds next year.

Dr. McAlister said that the bonds were selling above par at this time, and should be sold any way, and the money reinvested in something that would pay better.

Dr. English moved that the Report be accepted and approved as read by Dr. McAlister. The motion was seconded.

Dr. Harvey asked whether the report included a recommendation as to the dues for the coming year. The President replied that this matter would come up later. The motion of Dr. English was then carried.

Dr. English next made a motion that the dues this year be eight dollars, the same amount as they had been for the past year. The motion was seconded and carried.

Dr. English then presented the final Report of the Board of Trustees, which was as follows:

Board of Trustees Final Report.

At a meeting of the board held at 12 o'clock noon, June 22, the following trustees were appointed on the board's Committee on Finance and Budget:

Dr. Alexander MacAlister, chairman ex-officio.

Dr. Alexander Marcy, term expires 1924.

Dr. Henry B. Costill, term expires 1925.

Respectfully submitted,

D. C. ENGLISH,
Secretary.

It was moved that the final report of the Board of Trustees be adopted as read. The motion was seconded and carried.

Dr. Chandler read the names of nominees for Permanent Delegates to be elected.

It was moved that the Secretary cast the ballot for the election of these nominees as Permanent Delegates. The motion was seconded and carried, and they were declared elected.

Dr. Chandler then stated that the Auditing Committee, consisting of Drs. Fisher and Marcy, wished to announce that it had examined the accounts and vouchers of the Treasurer, and found them correct.

It was then moved that the Report of the Auditing Committee be adopted. The motion was seconded and carried.

Dr. Chandler then presented to the Society the names of the following absent Permanent Delegates, whose ex-

cases had been accepted by the Councilors:

Ralph R. Jones, F. F. C. Demarest, Josiah Meigh, Fred P. Wilbur, James M. Reese.

Dr. Hunter stated that he had a request from the Committee on Credentials that a list of the nominations for delegates, permanent or annual, be sent to them, and that the Committee be authorized to register any that were elected without having to wait for the Secretary. The following is a copy of the exact form of this request:

Your Committee on Credentials would suggest that a list of nominations for delegates, either annual or permanent, be sent to the Credential Committee; and that following the election of permanent delegates, the Credential Committee be authorized to register any one of these elected, without having to wait for the certificate of the Recording Secretary.

(Signed) Harry A. Stout,

Corresponding Secretary.

It was moved and seconded that the request be granted, and that the Secretary notify the Secretaries of the component societies of the adoption of this motion, so that they could send the certificates to the Committee on Credentials as well as to the Secretary of the Society. Carried.

Dr. Hunter then referred to a conference that had been held in reference to illegal practice, between the Medical Examining Board and some of the members of the Society. He thought that they should have an account of this conference.

Dr. Pinneo stated that this conference had taken place in the Monmouth Hotel on the preceding day. Numbers of complaints had been received concerning illegal practitioners. The matter had come to a head in some communications from the Health Officer of Newark, stating that they had specific evidence against a certain chiropractor. The Welfare Committee of the State Society, the Health Officer and the Councilor found that when this matter was alluded to, the result was absolutely discouraging. While everyone admitted the existence of this evil, the illegal practitioners were able to laugh them to scorn. The three chiropractic colleges were not legally chartered outside of the State, but they were issuing diplomas in the State (?) and had never been punish-

ed. There were no funds with which to prosecute them, and the Examining Board (?) claimed that they did not have the authority to do so, as it is up to the legal department. The Board had finally recognized the fact that they did have the authority, but they had no funds. They had contended for an annual registration of doctors, which would take away from the doctors the right to each year. Some of the County Societies had taken action as being opposed to this annual registration. In the Conference on the previous day, the lamentable failure of the State Board of Education regarding these chiropractic colleges had been brought out. They had asked Dr. Watson, of the State Board, whether he had any legislation to suggest that would supply funds. Neither he nor anyone in the conference could suggest anything, and Dr. Pinneo asked for suggestions from anyone as to what could be done to provide funds. All the law-abiding citizens, he said, should be on their side; because it was a matter of enforcing the laws and putting dynamic energy into the police powers of the State.

Dr. Charles V. Craster, of Newark, said he thought that most physicians were familiar with the nature of the evidence presented the previous day, except they had clearly called to their attention the case of a chiropractor of Essex County, who was acting as the agent of the American Drugless Hospital Association, an institution in which they were going to cure people by the Poley (?) Method, which Dr. Craster believed to be simply the inhalation of crude petroleum. The kerosene oil was vaporized, and the patients were supposed to breathe it in; and all kinds of cures were promised. So far as the Health Board was concerned, the speaker said that they were deeply interested. Not only that, but in Newark they were having the chiropractors report cases of scarlet fever, measles, venereal disease and tuberculosis. In spite of the fact that, according to the rules and regulations of the State Licensing Board, they were not allowed to treat these diseases, the State Board acknowledged that these men were habitually practicing medicine, but they had no funds to proceed against them. They admitted that they could probably secure convictions in a number of cases, but

are held up by the lack of money. The speaker thought that there was a great deal of objection to physicians being registered each year. He suggested, at the same time, that physicians were no more exempt from the criticism of being a closed corporation than any other profession or association. They could have their high ideals, but, in the final analysis, the people would ask why they, as physicians, allowed those people to practise medicine and surgery. There should be some method of starting a campaign to raise funds, either among the physicians themselves or by means of legislation.

Dr. English asked whether anything could be done through the prosecuting attorney?

Dr. Craster replied in the negative, and said that the matter had been taken away from the county prosecutor and put into the attorney-general's office.

Dr. Farr remarked that they had twenty-five tubercular cases under treatment by the Porter method, many of which were advanced cases. He had read a letter from a chiropractor, stating that he was treating a case that the medical profession had failed to cure. Later, this patient had died. The originator of the method had been a porter on a railroad. They charged \$100 for the use of their machines, whether the patient was cured or died. Mostly, they died. These men were treating diseases that were specifically stated in the laws of the State Board of Health to be ones that a chiropractor had no right to treat. The speaker thought that they should do something to stop this illegal practice.

Dr. Pollak made the statement that the Dental Society and the Pharmaceutical Association of New Jersey were able to secure the necessary funds to prosecute cases of malpractice in their respective branches, and that the medical profession could do likewise. He made a motion that the matter be referred to the Welfare Committee, that they might digest the situation and promulgate a scheme whereby the matter might be adjudicated during the year.

Dr. Harvey said that the impecuniosity of the State was settled by the fact that the Board of Examiners could not pay \$10 to handle witnesses in those cases. They had not even the money to produce the witness. Some of these boards of the State would not do anything un-

less they had the money to hand to them.

Dr. McAlister said that none of the boards got any support from the State. They had to pay their own expenses from their income. The Dental Society and the Pharmaceutical Association, both had annual registration, and the physicians had ten cases of malpractice, as against one that they had. He stated that Dr. Pollak was in error in some of his statements. The annual registration would give the money, but they did not expect to use it exclusively for prosecuting cases. His board, since 1890, had examined many physicians and licensed them. It kept a record of these, but the men might move somewhere else and never report where they went. The board then would not know where they were living, or whether they had died. An annual registration and record would be very valuable to his board. From January 1 to June 5, 1922, the board had referred to it ninety-one cases. The total number of chiropractors included in these was forty-one. The total number of prosecutions was twenty-eight; the total number of arrests, seventeen; settlements, six; trials, three. Of these three cases one was won, one lost, and one appealed. Nine cases were awaiting trial. The number against whom evidence had been secured was eleven. As Dr. Harvey had stated, they did not realize how much it cost. When it came to appeals and court expenses it took a great deal of money, Dr. McAlister said, and the only funds the board had were secured through licenses and indorsements from other States. He had gone to officials at Trenton and asked for a loan, and they had said: "Other boards support themselves, and yours must also." Dr. McAlister went on to say that when Edge was governor of New Jersey, the board members were doing their work on money left at the end of the year—almost the proper \$300 or \$400 to pay the members for, the time spent, but that now the board has to meet monthly, and there are a great many special meetings, and the men should be paid something for that. A year ago a bill was put through the Legislature giving each board member \$500, but they had never had sufficient funds to give the board members what they were entitled to. If the members of the Society could tell him any way in which they could get funds, the board

would prosecute the illegal practitioners up to the amount of money available.

Dr. Eagleton asked whether they or Dr. McAlister tried to get the money for what purpose?

Dr. McAlister said that all of the boards would want appropriations, although this was one of the most important boards, because it was to safeguard the health of the people. They were prosecuting as they had sufficient funds to do it.

The motion of Dr. Pollak to refer the matter to the Welfare Committee was seconded and carried.

On motion of Dr. Eagleton a rising vote of thanks was given to Dr. Costill for the admirable manner in which he had presided over the best and largest meeting, and one of the most successful that the New Jersey State Medical Society had ever held. Up to noon of that day there had been 500 present.

Dr. Costill, in response, spoke as follows:

Members of the House of Delegates of the New Jersey State Medical Society: There is nothing that could give me greater satisfaction than to feel that I had in every way satisfied the requirements and desires of the profession. I thank you for this expression of thanks, and I take great pleasure in carrying it away with me.

Dr. Costill now addresses Dr. Hunter, who arose: It now becomes my very pleasant duty to pass to you the symbol of authority in this organization. It is astonishing with what rapidity human events occur. As this gavel leaves my hand, I am president, in office and authority, and as it passes to you, you become the president and I become the ex-president. I am on the shelf and you in the limelight. I trust that the limelight will be to you, as it has been to me, one of spotlessness. I trust that you will carry on the work of our organization, as well as your predecessors have done it, and probably better. The mantle, as it falls on your shoulders, will be taken care of and not allowed to be soiled, and you will pass it to your successor in better shape than you have received it from me.

Dr. Hunter will you have the kindness to close the meeting.

Dr. Hunter did so, and the Society adjourned at 4:35 P. M.

Banquet.

The banquet was held in the dining-room of the Hotel Monmouth on Friday evening, June 23. It was opened with a short prayer by the Rev. Dr. Bennett, who pronounced a blessing upon the repast about to be enjoyed.

After good things had been disposed of, at about 9 o'clock, the President introduced the speaker of the evening, Edward C. Stokes, ex-Governor of New Jersey, saying that he was a most versatile speaker, and could talk every night in the week to different gatherings, and make each of his audiences feel that their interests had been his special study all his life. Mr. Stokes then made a most interesting address.

There was great applause when the speaker had finished.

At the suggestion of the President, three cheers were given for Honorable Edwin C. Stokes, ex-Governor of New Jersey. The members of the Society and their guests then adjourned to the ballroom, where dancing was enjoyed for the remainder of the evening.

Hospitals; Sanatoriums

Essex County Hospital, Overbrook—The report of Dr. Guy Payne, superintendent of the County Hospital at Overbrook, giving an account of his fiscal stewardship for the first seven months of the current year ought to be satisfying to the taxpayers. It contains proof in figures that the fiscal reforms instituted upon the change in the form of management at this institution, which brought Dr. Payne into full headship, are still being carried on with gratifying success. Since Dr. Payne undertook single management, since politics was thrust out of the scene and business management was made an aim, matters have thriven in a financial sense at Overbrook. Improvements in the system under which supplies are purchased, the installation of a dietary plan, which gave to everybody all the food needed but cut out wastage, the elimination of non-necessities in other supplies, reduction in the cost of light, heat and power, in which also there had been great wastage, have combined to cut down the aggregate of the hospital management's bill many thousands of dollars.—Newark Evening News.

Hackensack Hospital Association:—The Superintendent reports for the month of August, days treatment as follows: Patients Admitted, 264; Patients Discharged, 266; Operations, 102; Deliveries, 36; Deaths, 21; Ambulance Cases, 37; Dispensary Cases, 218; X-Rays, 264.

Salem County Memorial Hospital.—Dr. James reports as follows for the year ending

September 1st: Patients admitted, 629; patients discharged cured, 510; patients discharged improved, 67 patients unimproved, 12; deaths during the year, 28; remaining August 31st, 19; surgical cases, 488; medical cases, 63; maternity cases, 85; infants—normal births, 79; Infants—still births, 5; Cæsarian operations, 8; Adenoids and Tonsils removed, 133; Appendectomies, 61; Deaths, 2 fractures and dislocations, 26.

State Hospital, Morris Plains.—The report for July shows:

Remaining June, 30th.....	2,953
Admitted during July.....	54
Discharged During July.....	30
Remaining July 31st.....	2,977

State Hospital at Trenton—Betterment of buildings at the State Hospital for the Insane at Trenton and inauguration of a system whereby the lives of inmates will be more carefully safeguarded have been decided upon by the recently reorganized board of managers. There is to be a general "clean up" at the hospital, and Dr. Henry A. Cotton, the medical director, is one of the prime movers to have all conditions made as they should be.

Somerville Hospital—A campaign for the construction of a new fireproof building for this hospital will be conducted during October, which is greatly needed. It will cost about \$150,000.

Bonnie Burn Sanatorium—Dr. Runnells, superintendent, reports for August as follows: On August 1 there were 266 patients in the sanatorium, 160 males and 106 females. During the month 26 patients have been admitted, 11 males and 15 females. Seven of these admissions went to the preventorium. Among these admissions there was one re-admission. The admissions are classified as follows: Pre-tubercular, 7; incipient, 1; moderately advanced, 2; far advanced, 16. Present, August 31, 268. This includes 85 children in the preventorium.

DEATHS

MANDEVILLE.—In Newark, N. J., August 6, 1922, Dr. Frank N. Mandeville, of that city, aged thirty-nine years. Dr. Mandeville graduated from the College of Physicians and Surgeons, New York, in 1909. He was a member of the Essex County and State Medical Societies. Lobar pneumonia was the cause of his death.

MUNRO.—In Philadelphia, Pa., September 16, 1922, Dr. Henry C. Munro, Superintendent of the Atlantic County Insane Asylum and Almshouse. Dr. Munro was 42 years of age. He graduated from the Medical Department of the University of Pennsylvania in 1909; practiced medicine in Pleasantville, N. J.; was elected Superintendent of the County Asylum in 1913; was consulting physician of the Atlantic City Hospital several years. He contracted pulmonary tuberculosis in 1921 while at work in the asylum. He was a member of the Atlantic City and County Medical Societies and of the American Medical Association. He was also a member of the Masons, Odd Fellows and Junior Mechanics lodges, Kiwanis Club. Atlantic County Game Preserve and Walker's Ford Gunning Club.

Medical Examining Board's Reports.

	Exam.	Passed.	Failed.
Florida, June	39	25	14
Iowa, March	2	2	0
Maine, March	7	7	0
Massachusetts July	163	138	25
Minnesota, June ...	46	45	1

Personal Notes.

Dr. William C. Albertson, Belvidere, has been at the University Hospital, Philadelphia, for treatment last month.

Dr. F. G. Reed, Rockaway, who underwent treatment in Dr. Mills' private hospital, Morristown, has returned home.

Dr. Edward H. Willard, Burlington, spent ten days in Rochester, N. Y., last month.

Dr. Theodore B. Fulper, Hampton, spent a few days in Philadelphia last month.

Dr. Carl E. Sutphen, Newark, has resigned as acting superintendent of the Newark City Hospital. The reasons advanced by Dr. Sutphen for the resignation were that it was in justice to his family and his private practice.

Dr. Allen Corson, Ocean City, has been elected a vice-president of the Ocean Front Hotel Corporation, which is erecting a large hotel on the beach there.

Dr. Runkle H. Hegeman, Somerville, and family spent a week in Detroit, Mich., last month.

Dr. Frederick W. Owen, Morristown, spent a few days last month at Clyde, N. Y.

Dr. Harry H. Bowles, Summit, and family recently returned from their summer cottage at Brighthampton, Long Island.

Dr. Marcus A. Curry, Medical Superintendent of the Morris Plains State Hospital, was elected President of the Alumni Association of the Albany Medical College in June.

Dr. Samuel C. Haven, Morristown, and family returned from Milford, Nova Scotia, where they spent the summer.

Dr. Fred W. Scott, New Brunswick, spent his vacation last month at Ocean City and Asbury Park.

Dr. Archibald E. Olpp, Jersey City, has been renominated for Congress by the Republicans of the Eleventh district.

Dr. Frank H. Warncke, Elizabeth, has been nominated for the Assembly by the Democrats.

Dr. Alfred W. Ward, Gloucester, has been nominated for mayor of that city.

Dr. Francis McConaugh, Somerville, and son have returned from Lake George where they spent two weeks last month.

Mortality Figures—Provisional mortality figures compiled by the bureau of the census for the first quarter of 1922 indicate higher death rates than for the corresponding quarter of 1921. For the States compared, the death rate for the first quarter was 13.7 in 1922, against 12.6 for the first quarter of 1921. The highest mortality rate for the quarter is shown for the District of Columbia, 17.6, and the lowest for Wyoming, 9.6. These early figures forecast for the year 1922 a higher rate for the death registration area than the record low rate, 11.7, for the year 1921.

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TREATMENT OF FRACTURES OF THE SHAFT OF THE FEMUR.

Read at the 156th Annual Meeting of the Medical Society of New Jersey, at Spring Lake, Lake, June 22, 1922.

By **Thomas A. Dingman, M.D., F.A.C.S.,**
Paterson, N. J.

In taking up the subject of treatment of fractures of the shaft of the femur, let us first consider the special features involved in fractures in this location.

The femur is the longest bone in the body and is surrounded by long and powerful muscles. For this reason displacement is far greater than in fractures of any other bone and there may be overriding of the fragments as much as three or four inches.

Fractures of the upper third are usually oblique or spiral. The upper fragment is abducted, drawn forward and rotated outward by the action of the ileopsoas, gluteus medius and gluteus minimus, while the lower fragment is drawn upward and inward by the quadratus, biceps and abductors. As we cannot control the upper fragment to any great degree, it is necessary to splint these fractures in flexion, abduction and external rotation of the thigh.

Fractures of the middle third may be transverse, oblique or spiral but transverse fractures occur more often at this level than above, particularly in children. The direction of displacement is not so constant at this level, being influenced more by the direction of the violence, but there is almost invariably considerable overriding and the lower fragment is everted and tends to drop backward.

In fractures of the lower third, the line of fracture is more commonly upward and backward and the lower frag-

ment is usually drawn backward by the action of the gastrocnemius. This necessitates splinting with the knee in flexion to relax this muscle and facilitate reduction.

In fractures at all levels the tendency of the lower fragment is to rotate outward.

Probably the chief cause of malposition and the maintenance of malposition in fractures of the extremities is the reaction of the surrounding tissues, especially the muscles. This applies particularly in fractures of the femur. The spasmodic contraction of the muscles causes additional trauma to the tissues surrounding the fracture and the hemorrhagic infiltration of the traumatized parts is followed by an aseptic inflammatory reaction and diminution of elasticity in these tissues. This in time is followed by connective tissue formation.

Non-union is rare in uncomplicated fractures of the shaft, but malunion with shortening, angulation and rotary deformity, unfortunately, is common.

With these points in view let us consider the treatment.

As the major part of the deformity is due to overriding of the fragments, it is evident that the prime essential is to pull down the lower fragment sufficiently to overcome the shortening and to maintain the length of the leg. In addition we must prevent angulation and rotary deformity and preserve the normal anterior convexity of the femur. To accomplish and maintain this reduction various methods, operative and non-operative may be used.

Immediate reduction by traction, manipulation and posture under general anaesthesia with fixation in plaster may be successful in some cases of transverse fracture in children and some adults, but is extremely difficult in well-

muscle vigorous subjects. Even though reduction be accomplished it is difficult or impossible to maintain it with plaster or splints especially in oblique fractures. With transverse fractures, though overriding is less apt to recur, there is much danger of bowing or angulation at the site of fracture. The first radiograph may show perfect position but as the leg shrinks and the cast becomes loose deformity tends to recur.

Another disadvantage of this method of treatment is that complete and prolonged fixation not only at the site of fracture, but of the hip, knee and ankle, and the impossibility of applying any massage or passive motion, leads to a more protracted convalescence if it does not favor non-union.

The other method of non-operative treatment is by traction applied continuously to gradually stretch the contracted muscles and to draw down the overriding lower fragment. The traction provides a tense muscular envelope about the fracture which is of much value in maintaining alignment. The traction may be applied indirectly through bands attached to the skin, known as skin traction, or directly to the lower fragment, tibia or os calcis, known as skeletal traction.

Skin traction, commonly known as Buck's Extension, was first used by American surgeons as long ago as 1830. It may be applied using ordinary adhesive plaster, moleskin plaster or bands of muslin or other fabric fastened to the skin by Sinclair's or Heussner's glues. Recently Dr. Donald Gorden of New York has advised me that a commercial preparation known as Amberoid, sold at sporting goods stores and used for patching canoes, serves well for this purpose.

All surgeons are familiar with the application of skin traction but it might be well to mention a few points that add greatly to the comfort of the patient and the success of the treatment.

The skin should be thoroughly cleansed, shaved and dried; applying ether to remove all grease and favor firm adhesion of the plaster. Slight abrasions and bullae are liable to be caused by the traction and a thorough preparation of the skin diminishes the chances of superficial infection. The foot and ankle, to several inches above the malleoli, should first be bandaged. The adhesive

bands should be as wide as can be applied to the leg without wrinkling and should be attached from a point several inches above the malleoli to well above the site of the fracture. The high application is less apt to slip and saves stretching of the knee joint.

The wide adhesive bands should be reinforced by a number of narrower strips placed obliquely about the leg and thigh. The bands, where adhesive is used, should be faced with non-adhesive substance below the point of attachment and the spreader should be wide enough to allow complete freedom of the foot and ankle, but not so wide as to pull the adhesive away from the leg.

The extension must be bound firmly to the leg and thigh for unless this be done and frequently reinforced and renewed, the plaster will surely slip if sufficient weight is applied. Flannel bandages or cotton bandages woven so as to insure some degree of elasticity are preferable.

In more recent years skeletal traction by means of the Steinman or Codavilla Pins, the Ransohoff Ice Tongs or the Finochietto Stirrup is gaining favor especially in difficult cases. One advantage of skeletal traction applied directly to the lower fragment is that it gives better control of position. Another is that the weight so applied is equivalent to about twice the amount when applied to the skin. A third advantage is the facility with which the knee joint can be mobilized and a fourth is that the joint is not weakened by the stretching of its ligaments.

Little or no pain is felt from skeletal traction unless the skin is pulled upon. For this reason, in applying it, the skin is pulled upward and, under local or gas oxygen anaesthesia, a longitudinal incision is made above and in front of the condyle on either side. With the skin pulled upward the tongs are applied or the pin driven through the bone. If, despite this precaution, there is any dragging upon the skin the incisions should be lengthened before applying a dressing. Skeletal traction may be maintained three to five weeks until union is well begun and only slight traction required. The danger of any serious infection from traction by tongs is very slight.

Various methods with and without splints are used with traction.

With children the most satisfactory treatment is the Bryant method of vertical suspension to an overhead frame by pulleys and weight with or without securing the child's body to a Bradford Frame for immobilization. In young children it is advisable to suspend both legs so that the little patient may be easily kept clean. This method is probably the best with children up to the age of eight or nine years. Beyond that age the force required to lift the otherwise unsupported weight of the leg and provide traction is very apt to loosen the traction bands from the skin. Coaptation splints may be of value in conjunction with this method.

The splints used with traction are the old Liston Side Splint, the inclined plane, the Hodgen and Smith suspended splints and the Thomas Splint which may be used with or without suspension and pulley and weight traction. The suspended splints used usually with some modification of the Balkan Frame have been found more generally useful, as the leg is raised from the bed making the care of the patient simpler and his comfort greater as well as permitting the position of the leg to be varied to favor reduction of the fracture.

The suspension splints may be simply suspended with the support applied at an angle of less than 90 degrees to the horizontal plane, thus combining traction with suspension. To do this the Buck's Extension is attached to the foot of the splint and the attachment of the suspension should be at a considerable distance from and height above the bed, preferably the ceiling of the room. Or as more commonly used with a Balkan Frame and balanced suspension the traction is applied through separate pulleys and weight, either directly to the leg or indirectly through the splint. Counter traction is obtained by elevating the foot of the bed or by a perineal band fastened to the head of the bed.

The Thomas Splint may be used with a Spanish windlass for traction (intrinsic traction), the perineal ring giving counter traction against the tuberosity of the ischium. This is an excellent and probably the best method of transportation or temporary splinting, but the rigid counter traction against the tuberosity soon becomes painful and if persisted in, is apt to cause a pressure sore when sufficient traction is used.

With the Thomas Splint using a system of pulleys, part only of the counter traction may be applied through the splint, one half or one quarter depending upon whether two or four pulleys are used. This is known as fractional traction (Blake).

I have used these methods with success but have found that the multiplicity of apparatus, pulleys, ropes and weights are complicated and the maintenance of adjustment difficult. Even with the foot of the bed elevated to an uncomfortable degree and a perineal band applied, it will often be found that the patient has gradually moved down in the bed until most, if not all, of the traction is lost and the angle of suspension changed.

In view of these difficulties about six or seven years ago I attempted to develop some simpler yet effective method of applying traction. I do not claim any originality for this splint as it is only a combination of the ideas of others, but I have used it on a considerable number of cases over a period of years and found it very satisfactory. The principal feature of it resembles a half ring Thomas Splint into which has been built a sliding carriage of gas pipe. This feature, on the principle of the old railroad splint, was developed by Dr. Donald Gordon of New York. To this I have added a support for attachment to the bed and changing the angle of elevation which was taken from the Hawley Trombone Splint, and more recently in conjunction with Dr., Gordon have added a Pearson Accessory leg piece and a device for the better application of skeletal traction with means for adjusting the line of traction. Traction is applied by pulleys and weight to the sliding carriage or to the leg directly or to both.

Some of the advantages of the splint are that it is compact and may be fitted to any metal bed. It is integral with the bed which may be moved about and, where hospital architecture permits, the patients may be readily taken to the Xray Laboratory without traction or position being disturbed. Definite traction and counter traction are obtained. It is impossible for the patient to escape the full traction but the pressure on the counter traction may be relieved when uncomfortable by the patient pulling himself up a little from the splint. He

can pull away from the perineal loop sufficiently on occasion to use a bed pan comfortably.

The splint may be elevated up to an angle of 5 degrees, may be abducted to a moderate degree by blocking out one of the supporting legs, and may be tilted somewhat by raising or lowering the supports. It is adaptable to long or short legs. With it I have successfully treated adults over six feet tall and children nine or ten years of age. The leg may be readily examined and measured from day to day.

It may be used to advantage in the treatment of compound fractures or wounds of the leg or thigh, as, by adjustment of the supporting hammock, access to the whole circumference of the limb is easily obtained. It may be used for either skin or skeletal traction. The adjustable foot piece gives good control of the foot and permits correction of rotary deformity of the lower fragment. My experience has been that when once properly applied it is very comfortable and requires less adjustment than suspended splints. I would not claim that this splint is the best or only way to treat fractures of the femur, but I have found it very useful and believe it is worthy of a place in our armamentarium.

As to operative treatment of these fractures—I believe that it is rarely necessary when proper conservative methods are instituted early and carried out carefully. The advantages derived from perfect anatomical reduction by this method are more than counterbalanced, in the majority of cases, by the dangers incident to operative interference: i. e.—shock, infection, embolism and pulmonary complications. Another serious factor is that operative interference, even where infection does not occur, is frequently followed by delayed or non-union especially where non-absorbable materials, such as Lane's Plates, have been used for fixation.

After operative fixation it is advisable to maintain traction in some form or bowing is liable to occur even in a plaster cast. Of course, there are cases with interposition of soft tissues between the fragments and cases of non-union which demand operative treatment, but in a vast majority of these fractures even though a perfect anatomical result is not obtained, I believe that a surer,

quicker and better functional result will be obtained by conservative methods properly applied.

For lack of time I will only briefly touch upon the treatment of compound fractures of the shaft of the femur. Fortunately they are not common in civil life.

Immediate "debridement" with removal of traumatized skin and muscle tissue, with little or no suturing of the wound and without drainage, is the surest safeguard against infection. They may then be treated with skin or skeletal traction, the latter being oftentimes more applicable in these cases.

In conclusion I would like to impress a few points.

The importance of treating these fractures, both simple and compound, as emergencies. The practise of transporting these cases with little or no splinting and no traction and placing them in bed to await the convenience of the radiographer and surgeon is deplorable. Every ambulance should be equipped with Thomas Splints which may be applied with a hitch about the patient's ankle and a Spanish Windlass, some degree of traction being obtained at once. If a Thomas Splint is not available, a long side splint may be used, counter traction by a loop from the axillary end of the splint to between the thighs being used.

At the earliest possible moment the requisite amount of skin or skeletal traction with permanent apparatus should be applied. The relief afforded by traction in these cases is striking.

The initial weight being used depends upon the musculature of the individual but must be ample. From thirty to fifty pounds applied as skin traction is usually necessary in adults. This may be reduced one third or one half as soon as reduction is effected which should be within twenty-four to forty-eight hours.

Radiographs should be taken as soon as possible, but proper treatment must not be delayed if they cannot be obtained promptly. Frequent radiographs are important to determine whether reduction has been accomplished and as a guide in reducing the weight as soon as complete reduction has been obtained.

Constant and careful supervision with frequent inspection and measurement of the leg and adjustment of the apparatus is necessary.

Early mobilization of the knee as soon as there is some callous formation is important.

Early weight bearing must be avoided. Union is usually obtained in from seven to nine weeks, after which the traction which has previously been reduced to a minimum may be abandoned. It is then better to keep the patient in bed for a couple of weeks using massage, passive and active motion. He may then be allowed up on crutches, but full weight bearing should not be allowed for several months. This is important for the best result may be ruined by too early weight bearing.

Earlier mobilization may be accomplished by applying a plaster spica before getting the patient up or better, but more expensive, an ambulatory calipered hip splint.

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Dr. Dingman, in closing, exhibited the splint he had been using, and said:

This is the splint that I worked out six or seven years ago. It is a comparatively simple one. It is an extra long half-ring Thomas splint, into which has been built a sliding carriage of gaspipe. One pulley is fastened to the carriage and another is carried over the end of the splint. By the use of these two pulleys you can get a great amount of traction. Buck's extension is put on the leg, and the ends of the extension are usually carried downward to the cross-piece, which is used as a stirrup. There should be an adjustable foot-piece, which can be slid upwards, to allow for the length of the leg. With the leg attached, and the cords in place the carriage is drawn down sufficiently to bring traction on the leg and the weights applied. Countertraction is furnished by the perineal bar which, it is impossible for the patient to get away from. When there is occasion for the patient to use the bedpan, or when the countertraction becomes painful, they take hold of the bed and pull themselves up a little bit. This support goes over the foot of the bed, and these hooks rest on the lower round of the bed and it is adjustable as to height. This was very satisfactory in treating fractures of the upper third and middle third, but not for the treatment of fractures of the lower third. By putting this pulley here, you get a little lift on the end of the carriage, which increases the traction.

Recently we have tried to put on a few improvements. The main frame is the same, except that it is made adjustable at this point, so that it can be drawn up. We added a Pearson supplementary leg-piece and an adjustable foot-piece that can be rotated. To provide skeletal traction we made this rise on the end, which can be used in either one of two ways. I do not know which is the

better. We get direct skeletal traction by tongs in this way, and also indirect traction through the carriage. Some of these features are old. I have used the general principle in a good many cases.

THE RETARDATION OF SENILITY (STEINACH'S METHOD); ITS THEORY AND PRACTICE*

By Harry Benjamin, M. D.

New York City.

The "Steinach operation" is a therapeutic agent so new that familiarity with its theory and practice cannot be taken for granted. Steinach came upon his discovery by the way of animal experiments, dating back to 1910, when he succeeded in proving conclusively that the sex glands (testicles and ovaries) are the sex-determining glands and have a sex-specific function. He experimented on rats and guinea pigs and succeeded in changing the sex of these animals so completely that males developed mammae functioning sufficiently to nurse young ones, showed atrophy of their genitals, behaved like females and were taken for females by the males, who tried cohabitation. On the other hand, females grew a penis-like organ, showed atrophy of mammae and their sexual desires were distinctly aroused by the presence of normal females. These changes were accomplished by castration and following transplantation of the glands of the opposite sex, and their sex-determining influence thus established beyond a doubt. Since then these experiments have been repeated and confirmed by others. This function of the testicles and ovaries was attributed to their internal secretion, but since both organs, or at least the testes could also be considered as glands, with an external secretion, Steinach commenced experiments to ascertain which cells of the testicles are the hormone-bearing ones, i. e., which cells furnish the internal secretion. You will remember that on a section through a normal testis we find two main structures: The seminal tubules, lined by the seminal epithelium, and the interstitial tissue, with the so-called Leydig cells. The seminal epithelium shows the spermiae in their various stages of development:

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spermatogoniae, spermatocytes, spermatides and the finished spermiae, and finally large cells, known as the basal or Sertoli cells. Ancel and Bouin were the first to attribute the internal secretion of the testes to the Leydig cells, calling their entirety (even as Vornoff and others) the "interstitial gland," this being exactly the same as Steinach's "puberty gland," thusly named because those interstitial (Leydig) cells appear in greatest numbers during the time of puberty. Nature has furnished us with an experiment that seems to prove the correctness of this assumption; the undescended, kryptorchic testis. Such a testicle shows no spermatogenesis, an atrophic seminal epithelium but well-formed interstitial cells. Since in cases where both testes are undescended, the male characteristics are nevertheless fully developed, we can conclude that the interstitial gland is the incretoric part of the testes and that the cells that form the semen have nothing to do with the internal secretion of the gonads. Steinach accepted and confirmed this theory by several experiments, of which I will mention one, because a great controversy is still being waged in scientific circles about the question: Do the seminal cells or the Leydig cells furnish the gonadal hormone, and what part play the Sertoli cells? As I said, Steinach believes that the seminal cells take no part whatever in the formation of the hormone, but attributes this function to the puberty gland and perhaps partly the Sertoli cells. This later point—the participation of the Sertoli cells—his opponents often forget.

The experiment I wish to mention is the following: An infantile animal, with undeveloped sex characteristics, was castrated, and both testicles immediately re-implanted in to the same animal (auto-transplantation). The value of this method lies in the fact that it was possible to compare the histological structure of the implanted organs with the development of the secondary sex characters. They developed normally, and continued to remain normal, sometimes the animals even became, as Steinach called it, "over-masculized," or "over-feminized," i. e., they showed an over-development of secondary sex characters. The histological examination of the transplanted testis showed complete atrophy of the seminal epithelium, with

the exception of the Sertoli cells and a tremendous hypertrophy of the interstitial Leydig cells. What else than these, perhaps in combination with the remaining Sertoli cells, could be responsible for the normal and over-normal sex development of the animal?

After these experiments, Steinach went a step further and first created artificial hermaphrodites by transplanting simultaneously testes and ovaries. Then he transplanted testes, or ovaries, of young animals into old ones and brought about the most striking changes in the sense of a "rejuvenation." Rats, with all the signs of advanced senility, became lively again, grew new pigmented hair, and once again displayed sexual desire and potency. Their lives were prolonged by one-third of their average duration, which is twenty-seven to thirty months. Some of Steinach's rats showed at the age of forty months still full strength and virility, even ability to procreate.

But transplantation of glands is a difficult procedure, and offers in human beings often unsurmountable obstacles, although it has repeatedly been done, with marked success in eunuchs, homosexuals, etc. The difficulty is two-fold: To obtain the material and to succeed in making it thrive. Therefore, Steinach found in the vasoligatur another, much simpler, method to achieve the same histological changes in the testes, and similar clinical results in animals and men, as he produced by the transplantation method. The old rats that were vasoligated showed the same rejuvenation as I described to have taken place after transplantation.

The Steinach operation consists of ligating the ductus deferens, with a resection of a part of it, about 2 to 3 cm. long. This operation can be done in various ways, producing quicker or slower results, according to the dose of his own gonadal secretion that the patient is given through the ligatur. The slowest result, i. e., the clinical changes developing very gradually, only after several weeks or even months, follows the ligation, done at the root of the penis (quite far from the testicle). The nearer to the testicle the vas is tied and resected, the quicker the results will appear. Some prefer to make the incision at the scrotum and tie the vas about 1 to 2 cm. from where it emerges from the

epididymis; to produce the strongest effect, the ligation is done between epididymis and testis. But this method, especially if done bilaterally, I consider somewhat risky. Mendel published in the *Deutsche Medizinische Wochenschrift* some time ago the case of a man, who suffered from what appeared premature senility, which usually offers the best prognosis. The bilateral ligature, between epididymis and testis, was done and shortly afterwards the patient developed a dementia and died in an institution for mental diseases. The case was discussed at a meeting of the Society for Psychiatry in Berlin, and while some claimed that the vasoligatur had nothing to do with the exitus, it is not impossible that a sort of intoxication, "testitoxico-sis," as it was called, took place, and perhaps contributed to the outcome.

Numerous and excellent results have been reported in the German and Austrian medical press, not only by Steinach himself, but also by Lichtenstern, Holzknecht, Levy Lenz, Peter Schmidt and others. Of American contributors, Chetwood, Wolbarst and Michel have recently published favorable cases, supporting Steinach's claims.

But to go back to the method of operation, the first-mentioned procedure, the incision at the root of the penis, seems to me the easiest, safest and the most advisable. It is done under local anaesthesia, the vas is exposed, and, by blunt dissection, is laid absolutely bare for a distance of about 3 cm., with careful preservation of all accompanying structures, especially a small artery (*arteria deferentialis*). It is then ligated twice with thick silk ligatures, and a piece between the ligatures is resected. The lower stump of the vas should be attached to the tunica vaginalis propria, near the upper corner of the wound, in order to retain the function of suspension for the testicle. In three or four days the patient is usually able to walk around again. I prefer to keep my patients in bed that long, so that physical exertion should not too soon elicit peristalsis of the vas and perhaps cause a loosening of the ligatures. Only a permanent occlusion will make the desired "Steinach effect" possible.

Unilateral ligation is sufficient in most cases, and the patient is, of course, not sterilized, as he would be with the bilateral method. The stasis of the semen

now causes, first by back-pressure, later by inactivity, an atrophy of the seminal epithelium with the accompanying hypertrophy of the hormon-furnishing puberty-gland, i. e., Leydig cells, plus Sertoli cells. This atrophy is, by the way, not a lasting one. Within a few months an almost complete regeneration of the seminal cells takes place.

As you will understand, this procedure, although surgical in nature, is really nothing but applied organotherapy; the patient is given gonadal extract, prepared in his own testicles. With this explanation, all the theoretical indications for Steinach's vasoligatur are already given, and, indeed, splendid results have been obtained in those cases where gonadal deficiency was considered at the bottom of the trouble. From an endocrinological point of view, it is self-understood that the clinical changes, occurring after the operation, are not alone due to the increase of gonadal hormon in the blood stream, but to the reaction of all other endocrine glands to this activation. The endocrine make-up of the patient determines the character and intensity of these changes, and therefore, no exact description (like for instance, after administration of a drug), can be given of the effects occurring after the vasoligatur.

The most promising cases are those suffering from a premature or physiological senility, between which no sharp line can be drawn and those in the male climacterium. These patients have their ambition, their physical and mental strength restored, their memory and power of concentration improves, sexual libido is sometimes reawakened or increased, and at the same time potency returns or is improved. Gain in weight is a rather constant symptom, so is fall of blood pressure, to a considerable extent, in cases of hypertension. Arteriosclerotic processes, with their respective subjective manifestations are greatly benefited. The growth of pigmented hair is a very striking, although not very frequent symptom, so that patients with thin and grey hair showed mixed color of hair a few months after the operation. It is really necessary to have seen these results in order to believe them. They do by no means occur in every case, many show only modest improvements, others none, but a certain percentage, I might say about 40 per cent. of cases of

senility, are so positively regenerated, objectively as well as subjectively, that we could almost speak of "rejuvenation." Where senility is already advanced, the genitals atrophic, I consider the operation contra-indicated, as there is no chance of reviving the puberty gland. As an illustration for the treatment of senility, I would like to cite the history of two cases that were reported in Steinach's book, "Rejuvenation."

The first one was a man of seventy-one, the manager of a large business concern. He came to the sanatorium on account of an abscess of the left testicle. Septic symptoms and high fever required an immediate operation. Under local anaesthesia the left testicle was removed in toto by Dr. Lichtenstern, the operation taking place on February 10, 1919. At the same time the vas on the right side was ligated. Patient left the sanatorium after three weeks. Besides this acute sickness he had suffered for years from pronounced symptoms of senility and arteriosclerosis, vertigo, shortness of breath, weakness, trembling, etc. Since eight years libido was entirely absent.

Within a few months radical changes occurred and the state of senility began to disappear. The improvement was steadily progressing. It should be mentioned that this patient did not know what operation had been performed on him. He only knew of the abscess operation. Auto-suggestion was thus excluded. After nine months of the operation, Dr. Lichtenstern requested this man to give a strictly conservative, written account of the changes in his health since the operation. His letter read in part:

"After the wound was healed, I went to a health resort to recuperate. There I had, to my greatest surprise, at night, while lying on my back, erotic dreams, together with strong pollutions. My appetite was ravenous and in these hard times, shortly after the war, I could hardly satisfy my stomach. My mental depression is gone, the joy of living has returned. I look lively and am quite elastic for my age. People, who see me for the first time, take me for a man in the early sixties and not for nearly seventy-two. I am not troubled with shortness of breath on the least exertion any more. I am walking often an hour. My sclerosis seems to have come to a stand-

still; I have had only one attack of vertigo in nine months and can now again, just like in former years, think clearly and write and talk fluently with my business associates. It strikes me, as a sign of my improved condition, that I have to see the barber for a beard and hair-trimming every week now, compared with two to three weeks formerly.

"I have to mention once more the sexual question. The frequent erotic dreams, etc., finally lead me to seek a natural outlet and I found wonderful and complete satisfaction. My hand, which was wont to tremble, is now able to do the finest manipulations. My condition is, therefore, highly satisfactory and life has been made worth while for me again." Several months later the writer of these lines was still fully active and in the best of health.

The second case was a business man, sixty-six years old. He complained for the last five years of progressing signs of senility, like tiredness, difficulty in breathing, decrease of all mental functions, especially memory. Libido sexualis almost lost, noticed only occasionally in long intervals. Face wrinkled, muscular system very weak, mental depression. Together with the increasing senility, he developed quite rapidly a hypertrophy of the prostate, that within six months led to complete anuria and a constant use of the catheter. In spite of good care and nourishment, patient lost weight steadily, down to 53 kg. He had severe attacks of melancholia. On November 12, 1919, a suprapubic prostatectomy was performed by Dr. Lichtenstern, under local anaesthesia. Wound healed very slowly, but without reaction. His general condition remained poor, skin dry and scaly. He lost additional weight, down to 48 kg. On January 21, 1920 (i. e., over two months later), the vas deferens was ligated on both sides, near the exit from the epididymis. Four weeks after the ligation, the general condition was greatly improved and the improvement became daily more distinct. He had a tremendous appetite and gained four pounds every week. Eight weeks after the operation his physical and mental agility and his memory was restored, as at the time before the senility. The typical symptoms of old age (difficulty in breathing, vertigo, pain in joints, etc.) had entirely disappeared. Six weeks after the ligation—inconceivably to the

patient—a distinct libido appeared, so that the mere thought of a female sometimes produced erections, and he felt a renewed, healthy virility. Ten weeks after the operation libido and potency persisted, as in his youth. The patient looked blooming, the wrinkles in his face had vanished. He impressed one as a man full of life and vigor. In April, 1920 (the operation took place in January) the restitution was still more complete. His weight was 60 kg. (gain of about twenty-five pounds in three months). I met the man last summer, and although his sexual libido was no longer as intense as a year ago, he still was in an excellent general condition and was enjoying, as he termed it, "his regained youth" to the fullest extent.

Quite a number of similar and even more remarkable cases have come to my attention during my studies in Vienna and Berlin, but I mention these two only because they seem rather typical and because the last one brings out the question of prostatism. From some reports, especially Haberer's, of Vienna, it seems as if the timely performance of the vasoligatur could occasionally do away with the necessity of prostatectomy in cases where the hypertrophy of the prostate was not too far advanced. On the other hand, surgeons have had the experience that patients recovering after a complete prostatectomy, showed at times a greater general improvement than the cure of their disease really warranted. Steinach's theory gives the explanation for such cases: The prostatectomy, at least in certain instances, had produced a closing of the vasa deferentia and a "Steinach effect" could have occurred. Naturally, as Blum, of Vienna, points out, the general restoration of the patient's health, after prostatectomy, may also be due to other causes; cure of the bladder-infection, removal of toxemia, from a prostatic adenoma, etc. Besides, prostatectomy does not always and necessarily sever the vasa deferentia.

Although my paper is supposed to deal with senility only, this being the most favorable indication for the Steinach operation, and the most important one from a social and economic point of view, I would like to mention a few other conditions, where it has proved valuable. First of all in cases of sexual impotence, in which it restored erections and cured premature ejaculations, even when all

other measures had already been tried and failed. A psycho-analytic study should, however, precede the assumption of an endocrine cause and the advice for an operation. Certain mild forms of eunuchoidism have successfully been operated, likewise cases of mental depression, and dementia praecox, where the endocrinological examination suggested a dysgonadism or, if you prefer, hypogonadism. Improvement has also been reported in cases of paralysis agitans.

Among those who have practical experience with the subject it is almost universally admitted that the operation is harmless; the worst that can happen being a failure to produce an improvement. But still a good deal of conservatism should be exercised, especially in cases of advanced cardio-vascular disease.

The question of cancer was discussed at a congress for Urology, in Vienna, where Finsterer reported very remarkable results, as far as improvement and prevention of cachexia is concerned. Finsterer is said to combine now almost every cancer operation with the vasoligatur.

Before I conclude my paper, I will say a few words about the retardation of senility in women. Here things are a good deal more complicated and have, therefore, received as yet less attention. Transplantation, as you have heard, was very successful in animals. To obtain human material is too difficult to give this method any chance for general use. We will, therefore, have to try in women, like in men, to influence the aging ovaries directly. A surgical procedure for that purpose is, of course, out of the question, but proper x-ray administration can and has produced clinical results, very much like those described in men.

Holzknecht, of Vienna, has carefully observed women, where, for myoma uteri and pre-climacteric uterine haemorrhages, a therapeutic roentgen-castration or sub-castration has been done. It was first found that the expected signs of an early senility did not occur. This shows already the difference between roentgen-castration and surgical castration. Secondly, a very striking change in the appearance of the women was noticed, as well as a quite unusual restitution of their general health. It seems most

probable that a similar thing happened to the ovaries of these women, as did to the ovaries of animals, after x-ray radiation: Namely, a tremendous hypertrophy of theca-luteincells, almost filling the whole stroma of the ovary, and the theca-luteincells are considered to be the main incretoric part of the ovary. These animals showed at the same time the unmistakable signs of rejuvenation.

A prolonged x-ray exposure will naturally destroy the whole structure of the ovary, including the incretoric part and could then have the same effect as a surgical castration. A careful technique and a thorough knowledge of all the questions involved therefore quite essential to attain good results, in the sense of a regeneration, and to avoid the harmful consequences of the complete loss of the ovarian functions.

In conclusion I would like to say this. The question of rejuvenation and the effects of the "Steinach-operation" are liable to be exaggerated in a sensational way. The effects **are** often remarkable and astonishing, but still, Steinach himself would rather under—than over—estimate the value of his discovery. He therefore replaces now the word "rejuvenation" by "restitution" or "regeneration," and has from the very beginning expressed himself that only "within modest limits can the process of becoming senile be influenced." This has indeed been verified by practically all clinicians, who have gained experience with the method.

PREVENTIVE AND CORRECTIVE HEALTH MEASURES.

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If I were to attempt to enlarge on the importance of each branch set forth in the following table of preventive and corrective health measures, the space allotted to me would be far too inadequate to give each its deserving importance.

Taken as a whole, these measures are distinctly effectual in both the control of disease and the removal of defects. I shall content myself, therefore, with laying emphasis on one or two of these measures in which my judgment are indispensable for every school system.

No success can be attained in health measures without spontaneous and thorough co-operation between teachers, principals, physicians (medical inspectors), school nurses, physical instructors, family physicians and parents. Where such co-operation exists success is assured.

Undoubtly the most important worker is the school nurse. Under the supervision of a physician she is the Medical Inspector and the Social Worker, linking the home with the school, assuring co-operation between both in the interest of the child's health. A good school nurse possessed of tact, diplomacy and common sense in addition to her technical knowledge, not only performs the inspection of the pupils set apart for her to see by the teachers and principals, but daily is making classroom inspections, addressing pupils on health measures, conducting physical examinations and lending aid in the development of health leagues. She is active in bringing about the removal of defects and diseases through her home visits to parents, taking pupils, with consent of parents, to hospitals and clinics, by applying treatment prescribed by the rules of the Board of Education for certain specified ailments in the school building; the latter of which keeps down very materially the loss of attendance.

In fact, in communities where it is possible, I see no reason why she cannot also act in the capacity of Attendance Officer as well as School Nurse.

Under such a plan as above stated, the physician's (Medical Inspector) duties exist in the supervision of the work of these nurses aiding them by his advice in the diagnosis and treatment of cases, examining special cases about which the nurse is in doubt, conducting physical examinations of heart and lung cases, and confirming the diagnosis of all pupils excluded for contagious diseases by the nurse.

A point in favor of the School Nurse in my judgement is that she is a whole time employee of the Board of Education, her whole thought and energy is centered on her duties and her acquaintanceship with those families furnishing pupils to the school is an intimate one. Before long she has the confidence and good will of them all of which adds materially to her success.

The tendency in my judgment should

be toward fewer physicians and more nurses in the health activities among public school children. In the selection of the School Nurse those having to do with the selection and holding of the examinations should lay greater emphasis and give greater credit to personality, physical fitness, age and special training.

Second in importance are the corrective agencies developed within the educational system for the removal of physical defects. Under this heading I shall lay stress on the Public School Clinic as developed in the City of Newark, realizing full well that such a school clinic in whole cannot be duplicated in many of our rural and smaller communities. However, it does seem possible with the joining together of adjacent communities and the use of portable clinics that these facilities could be available to at least a minor and effective degree.

The Public School Clinic in Newark grew out of the desire to make the measures then in force mean more to the pupils than the mere detection of diseases and defects, to furnish relief and to be helpful in furnishing this relief not only to the pupil by placing him or her in a better physical condition so enabling the pupil to assimilate the knowledge necessary for him to acquire, but also making it easier for teachers by helping to eliminate repeaters and minimize retardation. A central place, therefore, was selected where, under one roof, there could be brought together experts in charge of various departments for the purpose of studying pupils, to determine their physical and mental defects. This began in a small way with first simply a medical clinic wherein minor and miscellaneous conditions were examined and treated; until now there are the following named departments: General Medical, Dental, Orthopedic, Eye, Pathological, Psycho-Educational, Heart and Lung Clinic, Ear, Nose and Throat departments, each of which is doing excellent scientific work in co-operation with the others and the entire school system.

It will be said by those in small communities that such a thing is out of the question. Well, I believe it is, as far as adopting the same plan now in course of operation in our city, but I firmly believe that were the services of these experts, one or more, engaged by smaller communities clubbing together, that similar work could be done in school build-

ings, for sufficient of the examining material could be taken to the building for the purpose of conducting thorough tests of all the pupils. For instance, the psychologist could take his examining material to the school building and there conduct individual examinations or give group tests, from which data, on being compiled, definite conclusions and information could be drawn, which would be helpful in the guidance of those in charge of the school system; helpful also in the suggestion as to the vocational training or academic training for individuals, the potential possibilities of a given pupil, saving time and money to both parents and the school system.

The orthopedic department, whose head is one of the physical instructors possessing special training in the correction of structural defects, could likewise conduct work, as it is done in the school clinic, in the schools, for the necessary equipment consists of a few mats, a scales and the special knowledge that is necessary on the part of the one giving the treatment. I contribute the success that has been attained in health education in our city largely to the unselfish and complete co-operation that has existed between all those possessing technical knowledge and special training in the school system, each contributing the best that was in him or her in the interest of the pupils. The sooner we get away from the idea that health education measures for the prevention of disease and the correction of defects is entirely and wholly the usiness of a physician, the sooner we will go forward in the work of making better citizens. All measures should be adopted and put into force which are in the interest of the greatest number and the welfare of the community.

THE ALKALINE CRYSTALS AS AN AID IN DIAGNOSIS.

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Medical research is daily opening up new avenues to the mysteries that develop, and if allowed to go unchecked, thrives within the human organism to an

extent that life may be blotted out. Sad to say however, although great strides have been made in the way of solution, we, at the present day, are to a great extent still travelling in the dark.

But it is not always the medical man that is at fault. We certainly do the best we can, and the writer will make the unqualified statement that in at least sixty per cent., or even higher, the cause of failures does not lie in the physician, but in the patient. Such a condition is easily understood. It will be admitted that the tissues of all human beings are exactly alike; the fact is, we do not differ materially from the animal, but in two respects: we can articulate and reason. The latter is the point of question; we can reason, but how do we do it? Reason has its origin in the brain, and although I do not wish to infer that all troubles are imaginary, one thing is very certain: a goodly proportion of individuals that we are called upon to treat and especially those that consult us at our office, have no organic condition to account for their trouble. Weighing carefully the reasoning power of some individuals, and their temperament, may there not be much truth in the old saying, "what cures one may kill another"? Such are the cases that I wish to deal with, giving some ideas that seem reasonable, and which practice has proven most valuable and encouraging.

We are willing to admit that the brain operates and controls the human body at all times; every action, thought or deed has its origin there. Therefore, the writer will consider metabolism of the nervous system with certain measures to regulate nervous energy produced, and exerted at various times, and underlying conditions by the human organism.

Muscular metabolism is estimated by the amount of urea found in the urine; metabolism of the nervous system by the amount of phosphorus, in its various combinations of phosphates found in the same fluid. Phosphorus, lecithin and nuclein are important constituents of the nervous system; in fact, they are the nutrition, and when utilized, the residue is cast out as phosphates. These we find in the urine as earthy; calcium and magnesium which may appear in freshly passed urine, or be precipitated on boiling. They give the urine a greenish hue, and are easily dissolved by acid.

This form of phosphates have practically no clinical significance, and unless they are present in large quantities, when they should be filtered out before examining for the other variety, they may be dropped from consideration in the subject under discussion.

The alkaline phosphates, appearing in the urine in the form of crystals are never seen under any consideration unless after precipitation. (In 25,000 examinations by Dr. DeWitz, he has never seen them until after precipitation). They appear fern-like in form, but vary in size and shape according to the condition presented by the system; that is, the amount of nutriment present in the nerve cells, and how it is being used.

The writer has divided these crystals under five headings: 1. Normal, in which they appear with perfect fronds, resembling the fern leaf; 2. May be quite small, and although they resemble the normal, it may be seen that the sides are saw-like in character. (This is analogous to a deficiency of hemoglobin, using the blood as a criterion.); 3. Although resembling in form the normal, the great majority are stripped of their fronds. This characteristic of pregnancy between the third week and end of third month of utero gestation; 4. Here there is no formation, except crystal-like in character. There are no fronds, and they may vary in size from normal to a quarter size. These are characteristic of degeneracy in the nerve cells, either developing or present.

Dealing with physiology of the nervous system, it must be assumed that the nerve cells are prepared for the usual outlay of energy by food or sustenance that nourishes them, and in this connection it is found that there is a reserve nutrition created upon which this system can depend in times of emergency; times when food cannot be taken by mouth. We have two kidneys, two lungs, two arms, ears, eyes, etc., when one can do the work, the muscles have a reserve store for times of stress, so also has the nervous system.

The substances concerned in the nourishment and upbuilding of the nervous system are phosphorus, lecithin and nuclein. They are taken from the food we eat, they perform their function and afterwards are eliminated as end products in the form of phosphates. We have an increase when there is an in-

ritability or hypersensitive condition of the neurones or nerve cells, and if this is allowed to go on to any degree unchecked, sooner or later it will cause a depletion of the reserve which will make itself evident by a relative amount of systemic prostration with all its terrifying symptoms, and especially so in women. Phosphates in the urine show a decrease when there is no reserve, or it is depleted to any extent, at the same time the crystals will show the deficiency and appear as B.

Summing up the foregoing, we may have the following stages: A normal output of alkaline phosphates; crystals are normal in size and shape. This shows nervous metabolism in perfect health; that the nervous system as a cause in any condition under care may be eliminated; B. Excessive output as will be shown by a plus index (must be solid above N. P., on phosphatometer), the crystals are generally small in size-E, nerve sedatives are called for. The bromides, if acute; bromide of gold and arsenic, if chronic, as in the high blood pressure and like conditions. C. A decrease, due to a lack of nutrition in the reserve, or that sufficient is not being furnished from the food consumed by the mouth. This is the findings that will be evident in fully ninety per cent. of cases where there is delayed resolution in flesh or bone; pains (neuritis, neuralgia, myalgia) of an indefinite nature, so frequently treated as rheumatism, but does not respond to well known and proven remedies; headaches, fatigue, catarrhal conditions, dyspepsia with great gas accumulations; in fact, in a large variety of cases where the very best is done for the patient, and along the most improved lines, yet relief does not come. A conclusion is simple: the nervous system furnishes the power and energy for the maintainance of every function, every act, thought, word or deed; what must be expected if the supply is below normal.

An estimation of the alkaline phosphates is a very simple procedure. Use the second sample of urine passed in the morning, say about eleven o'clock. (It was from the second sample that the index was obtained; at this time they are more stationary than any other part of the day.)

Fill phosphatometer* with urine as far as U, add solution to S, shake

thoroughly to mix and set aside for ten minutes. The phosphates will sink according to their specific gravity; if normal, and well formed, they sink rapidly, whereas, if small, light and immature, slowly, even at times remaining quite stationary and giving the urine a general turbidity. If normal, in ten minutes, they will sink to N P, a practically solid mass in the phosphatometer, and can be used as a positive criterion that no matter what may be the symptoms or case under treatment, the nerve cells, as a cause can be eliminated.

Briefly reported, the following case will be cited:

J. W. age 47, for a long time severe pain of an indefinite character under the right scapula, also more or less headache with dizziness, and as he stated, "the left side felt funny at times". He had marked indigestion accompanied by gas, and neuralgia pains after eating, and sometimes when the stomach was apparently empty. Examination of the urine showed no albumin, indican increased; phosphatic index practically normal. There being positively something wrong besides nerves to account for the pain, a careful microscopical examination was made, and chronic interstitial nephritis discovered, as indicated by many granular casts. A quite rigid diet was ordered, and the bromide of gold and arsenic as an alterative to remove all strain from the vessels and obviate apoplexy; hypertrophy of the heart was present. The mistake had been made in this case, he was treated with a tonic, etc., for the nervous system; his condition improved at once under the diet and alterative. Where the precipitate goes below N P, and it does so in about 90 per cent. of cases observed by the writer a similar condition exists as a want of hemoglobin, which means

*A glass tube graduated to show NP (normal precipitate) plus or minus as the case may be, and in percentages. The phosphatometer, with the solution that is used to precipitate the alkaline phosphates is furnished the profession by The Richardson Drug Co., Buffalo, N. Y., U. S. A., at the nominal charge of three dollars.

The alkaline sol Ammon. chlor. Magnesium sulphate, aq. Ammon (10% the preparation commercially used) of each one part, water eight parts. As an experiment, and for showing the alkaline crystals, make up some of the above solution, let stand two days before using, then add about one drachm to about one ounce of water and look at the crystals.

anemia; you have a neuronidia, or nerve cell starvation. In this connection, no matter what may be the case, but very little if any improvement is to be observed, or in other words, a correction will quickly bring about resolution in flesh, bone, on any condition where appropriate treatment has failed to bring about results.

Mrs. H. age 37, for a long period pain in the right side, over the region of the kidney. Tonsils had been removed, no result, all sorts of medical treatment with the same result. She was sent to me in consultation. Kidneys normal as revealed by urinary examination; phosphatic index 95 per cent. minus, urine alkaline; a few leucocytes (she had a very profuse leucorrhea, also catarrhal condition of throat; coughed and raised considerable in the morning, her tonsils being removed for this purpose). Urination every hour or so during the day, but only once at night; no organic condition was found anywhere. She was placed on a preparation of phosphorus, can. ind. and nux vomica, with fl. ex. valerian as a sedative. In three days no pain; ten days no leucorrhea, and catarrhal condition of upper air tract practically disappeared. In short she gained five pounds in weight and said she felt perfectly well in two weeks.

Mrs. W., married two years, no children. For nine months this lady had suffered from pain throughout the body until the condition was so bad she could not raise her arms to dress herself; she had lost 30 pounds in weight. Six weeks was spent in a sanitarium for rheumatism. Electricity, salicylates, etc., were used, but was getting worse every day. In consultation the index was found about 90 per cent. minus the urine alkaline, no evidence of any organic condition and no excess of uric acid. The same mixture was ordered. In two weeks she reported as free of all pain, could use her arms freely; had gained twelve pounds in weight and felt perfectly well. Four months later she reported no menses at last term, five weeks previous. Examination of crystals showed her to be pregnant; she has had three children in four years. (An explanation of this sequel, if such it may be termed and a condition the writer has had happen in at least five or six similar conditions was due possibly to the dormant condition of the ovaries caused by the extreme de-

gree of the nerve cell impoverishment.

Scores of cases might be reported where the eyes were involved, as from ulcerations of the cornea, granular lids, headaches that glasses seemed to make no impression on, and like conditions where, after weeks of unresponsive treatment, the index was finally taken and being minus, nerve cell nutrition in the form of phosphorus was supplied. Inside of three days to a week all symptoms had disappeared; the results were not temporary, but permanent.

Nerves cannot speak, when the cells are hungry, or irritated. Their word for hunger is pain. In all cases of neuritis, neuralgia, myalgia, and indefinite pain, it is merely a condition of ascertaining; is nutrition low or are the nerve cells in an irritable condition, as will be shown by a plus index.

A plus index, one in which the precipitate must be practically solid above N. P., calls for sedatives; the bromides and valerian, if the case is acute, the bromide of gold and arsenic (sedito-alterative) if chronic, as in the high blood pressure, and diabetes where it acts almost as a specific.

Regarding the phosphatic index, Dr. C. P. Smith, chapter 20, surgery by phosphatic index should be a routine in all medical examinations, and it is as valuable to the surgeon as to the physician.

CANCER OF THE PANCREAS.*

Hyman I. Goldstein, M. D.

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Camden, N. J.

Cancer of the pancreas is still comparatively a rare disease, and for this reason I take the opportunity for presenting a brief clinical report of a case that has recently come under my own personal observation. According to Fitcher, of Baltimore, up to June 13, 1919, there were fifty-eight cases in which a clinical diagnosis of cancer of the pancreas was made in 41,949 admissions to the medical wards of the Johns Hopkins Hospital. In thirty-one of

*Read before the Camden City (New Jersey) Medical Society, June 6, 1922.

these cases the clinical diagnosis was substantiated by either autopsy (13) or operation (18). Of these thirty-one cases, twenty-nine were apparently primary cancers involving chiefly the head of the pancreas. Twelve of the thirteen cases that came to autopsy were either of adeno-carcinoma or scirrhus type. One of Sprunt's cases at autopsy revealed an hemangio-endothelioma of the head of the pancreas. Fabozzi has described five cases in which he believed the cancer sprung from the Islands of Langerhans. Of Futcher's thirty-one cases, twenty-two were males and nine females. Fifteen of the cases occurred between the ages of forty-one and fifty; fifteen cases occurred between fifty-one and seventy; the youngest case of Futcher's series was in a man aged thirty-four. There was only one colored patient among these thirty-one cases, although the proportion of colored to white admissions in the medical wards at Johns Hopkins Hospital is about one to seven.

Symptomatology—The most important symptoms are: Pain, jaundice of gradually increasing intensity; emaciation, enlargement of the gall bladder, palpable tumor and symptoms due to the obstruction of the pancreatic secretion (external). Other symptoms that may occur in some of these cases are: Glycosuria, distention of the gall bladder, enlargement of the liver, edema, vomiting, fever and ascites.

Pain is often the first and most persistent of the symptoms; it is usually referred to the pit of the stomach, radiating towards the back or shoulders, or it may be located chiefly in the right hypochondrium, particularly when the head of the gland is chiefly involved. Sometimes the pain may be of intermittent colicky character. The pain gets worse with the progress of the disease in some of the cases.

Jaundice is a very common symptom and is often the first and only symptom for a considerable period. The jaundice is persistent and becomes more and more intense with the progress of the disease. Jaundice appearing suddenly without pain in a patient past forty years of age and accompanied with an enlarged gall bladder, usually means cancer of the head of the pancreas or the common bile duct. Jaundice was present in twelve of these thirty-one cases studied by

Futcher. Palpable tumor was present in twelve of these cases. The mass was usually felt in the epigastrium and extending more to the right, because the head of the pancreas is usually affected. Only thirteen of DaCosta's 137 cases showed a palpable tumor. Patients often lose weight very rapidly. This is probably due in part to the shutting off of the external pancreatic secretion from the intestinal tract. Microscopic examination of the stools will often show neutral fat globules or abundance of fatty acid crystals, however, Mirallie found only nine cases with fatty stools among 113 instances of pancreatic cancer. Frequently the patients will have clay-colored stools. Quantitative estimation of the stools for the various pancreatic enzymes, trypsin, steapsin and amylase, according to Brown, is of considerable value in diagnosis of pancreatic disease. Distention of the gall bladder occurred in twenty-one of Futcher's thirty-one cases. Courvoisier found that with obstruction of the common bile duct, due to biliary calculi, the gall bladder is usually contracted, while if the occlusion is due to malignant disease or other causes, the gall bladder is generally enlarged (Courvoisier's Law). Opie believes that contraction of the gall bladder, with biliary calculi, is due to inflammatory changes, while with obstruction, due to pancreatic cancer or other causes, inflammation is usually absent, and the thin walls of the gall bladder permit it to become distended.

One would expect to frequently find glycosuria in cases of cancer of the pancreas, particularly with extensive involvement of the gland. Glycosuria, however, is an infrequent symptom in pancreatic cancer. Mirallie found glycosuria in thirteen of fifty cases. Futcher found only three of thirty-one cases showed glycosuria. Ecklin found that in sixty-one cases of obstruction of the common bile duct, due to pancreatic cancer, the gall bladder was dilated in fifty-eight. Enlargement of the liver occurs in some cases, and when so enlarged is not due to liver metastases.

Ascites—Of 113 cases of primary carcinoma of the pancreas collected by Mirallie, ascites was present in thirteen.

Diagnosis—Given a case, the chief symptoms of which are epigastric pain, persistent jaundice, of gradually increasing intensity, a palpable epigastric

mass, an enlarged gall bladder, with progressive loss of weight and cachexia, we must always think of pancreatic malignancy in making a different diagnosis. We may, of course, have symptoms also that are referable to disturbance of the internal and external secretion of the pancreas.

Pain may often be absent in cases of pancreatic carcinoma. In cholelithiasis, the attacks of pain are more apt to be colicky in character and the jaundice is usually abrupt in its onset and is intermittent. Chills and fever (Charcot's hepatic intermittent fever) are more likely to be present in cholelithiasis than in cancer of the pancreas. In thirteen of Futcher's cases of cancer of the pancreas, fever of a moderate and intermittent type was present. In only one instance of this series was there an accompanying cholelithiasis. The gall bladder, while often palpably enlarged in pancreatic cancer, is, as a rule, not palpable in cholelithiasis. The diagnosis between primary cancer of the pancreas and malignancy arising from the common bile duct or duodenum is practically impossible. The jaundice resulting from hepatic cancer, carcinoma of the stomach, duodenum or bile ducts, compressing the common bile duct, has the same gradual onset and progressive character as jaundice occurring in cases of cancer of the pancreas. The weakness, loss of weight and emaciation usually progress less rapidly in cancer of the liver, stomach or bile ducts.

Treatment—Medical treatment is very unsatisfactory. Pancreatin in five or ten-grain doses may be given. Powdered caroid, with diastase and pancreatin, may be given in combination. Operative treatment, too, has been very unsatisfactory, and the outlook is usually very grave. A cholecystenterostomy or a cholecystgastrostomy or a biliary fistula operation may be performed in the hope that some relief may be afforded to the patient, even if only temporary in duration.

The treatment is therefore practically hopeless, and is chiefly for temporary relief only. (Futcher, T. B.; Trans. Ass. Amer. Phys. xxxiv, 1919. Pages 284 and 290).

Deaver (Medical Record, March 25, 1921. Page 492), says that carcinoma of the pancreas is not a frequent condition. He believes the gall bladder becomes dis-

tended in about one-half the cases, due to the back pressure of bile, caused by the obstruction of the common duct. Pain, according to Deaver, is not a prominent symptom, although when present it occurs late in the disease and usually is deep-seated and apt to be severe, marked by exacerbations and raditions to the back and the lumbar region. Often the first signs of the disease are those of indigestion, followed by the onset of jaundice, dilatation of the gall bladder, unassociated with previous biliary colic, deep-seated pain in the epigastrium or the liver, radiating to the back or the lumbar region, anorexia, anemia and rapidly progressive emaciation.

Carcinoma of the Pancreas.

Case Report.—Mrs. Anna R., white woman, widow, aged fifty-seven, housework. Chief complaints: Jaundice and constipation and some dyspeptic symptoms. Family history: Parents died; cause, unknown; husband died several months after an operation for bilateral hernia; probably had tuberculosis or cancer; has three sons and two daughters living; one daughter has mild hyperthyroidism; one son-in-law died of pulmonary tuberculosis. Previous history: Had measles, whooping-cough, frequent sore throat; in July, 1912, Dr. Bland performed a hysterectomy at the Jefferson Hospital, on account of a "bleeding tumor;" a second minor operation was performed in 1913.

History of present illness: Has been ill for the past four or five months; complains of indigestion and discomfort in epigastrium and jaundice; lost about twenty or more pounds in weight during the past four months; appetite, poor; does not drink much water; no vomiting; some pain in the region of the gall bladder; constipation, no severe pain; the yellowness getting worse; no itching of the skin; sleeps well; no circulatory or respiratory symptoms; no urinary symptoms.

General Examination: Patient is very markedly jaundiced; it is a deep grade of jaundice, affecting the mucous membranes; T. P. R., normal; heart, eyes, ears and throat and lungs, negative; the teeth are in poor condition. Abdomen: The liver is enlarged; there is some resistance over the gall bladder region. There is an apparent mass a little below

the epigastrium that may be a growth affecting the head of the pancreas and possibly involving the gall bladder. The jaundice suddenly appearing without severe pain and with a distended gall bladder, and an enlarged liver indicates a malignant growth in the pancreas or common duct. To relieve cholemia, an exploratory incision should be made and a cholecystgastrostomy should be performed. Blood pressure, systolic, 140; diastolic, 90. March 2, 1922. Urine analysis, light amber, flocculent sediment, acid; specific gravity, 1.014; trace of albumen; no sugar, bile positive, no casts, 12 to 15 W. B. C. per H. P. F.; no R. B. C. March 8. Acid, 1.016; faint trace of albumen; no sugar, bile positive, W. B. C., 10 to 12 per H. P. F. many squamous epithelial cells. March 22. Amber, acid reaction; specific gravity, 1.015; faint trace of albumen; no sugar; bile positive; 3 hyaline and 3 granular casts per L. P. F.; few squamous cells.

Blood, March 6, R. B. C., 4,100,000; W. B. C., 8,400; Hb., 80 per cent.; small lymph, 28 percent.; large lymph, 6 per cent.; trans., 1 per cent.; polymorph., 64 per cent.; eosinophiles, 1 per cent.. March 22, R. B. C., 4,200,000; W. B. C., 8,400; Hb., 60 per cent.; talquist, 60 per cent.; sahli, 68 per cent.. March 30, R. B. C., 3,410,000; W. B. C., 8,200; Hb., 65 per cent.; Wasserman, negative; coagulation time (3-17-22), 9 minutes.

Blood chemistry, March 14, creatinine, 2.9 mg., per 100 cc. of blood; uric acid, 1.9 mg.; urea nitrogen, 19 mg.; non-protein nitrogen, 33 mg.

Gastric analysis, March 3, lactic acid, negative; blood, positive; free HCl, 28; total acidity, 55; combined acids, 17.

Fasting—Specimens taken at fifteen-minute intervals, for two hours:

	1	2	3	4	5	6	7	8
Free H. C. L.	12	49	38	45	28	33	27	51
Total Acidity, .	40	85	90	81	62	60	60	75
Combined Acids	18	15	30	14	18	12	12	13

Microscopic examination shows few oesophageal epithelial cells, few R. B. C., occasional clumps of leucocytes, showing nuclei only. Culture of the bile, negative.

Examination of feces, liquid, mushy, green, no mucous, positive occult blood, pus negative, bile negative, reaction acid, no parasites, no ova, negative for starch, positive for fat, no curds, no concretions, a few spiral vegetable cells, a few partially digested muscle fibers, other vege-

table cells and muscle fibers. Blood typing shows patient's blood to be of type 2.

Roentgenographic Examination: Stomach shows no defect of outline, peristalsis regular and somewhat increased. The lowest point of the greater curvature is at the interspinous line. Bulbous duodeni large, fills completely. At six hours, all the barium is in the ileum. At twenty-four hours, the head of the column is in the rectum, the tail in the cecum. There is a small fragment of barium to the inner side of the cecum, probably in the appendix. The colon is somewhat spastic. At forty-eight hours, there is residue in the rectum and the sigmoids, and a few fragments in the right iliac fossa.

Diagnosis: No ulcer or new growth of the stomach or duodenum. Hyperperistalsis of the stomach, ileal stasis at six hours and spastic constipation at twenty-four hours point of extrinsic irritation, probably in the gall bladder.

Operation—Cholecystgastrostomy was performed by Dr. George P. Muller, of Philadelphia, followed by blood transfusions, but the patient died several hours later from shock.

CARCINOMA OF THE UTERUS

Dr. J. S. Hirsch, New York, in a paper in the New York Medical Journal, says:

Though in some cases of primary carcinoma the tumor in its primary stage is limited to the uterus, in the vast majority of cases, even with small carcinomata, the pelvic lymphatics and lymph nodes are infiltrated. With extensive growths this is always the case. It becomes necessary, therefore, in every case not only to attack the primary growth, but every portion of the pelvic structures must be thoroughly radiated, including the lumbar, iliac and sacral and inguinal lymph nodes.

The surgical viewpoint classifies carcinoma of the cervix into operable, borderline and inoperable cases, utilizing the radiation for postoperative treatment in the first group, preoperable treatment in the second group and agreeing to the submission of the third group entirely to the treatment by radiation and electrical means. The radiological viewpoint would consider the first surgical group as clearly defined radiation cases, the second surgical group as radiation cases, to be followed

the inoperable group as radiation cases, by electrical and surgical treatment, and to be treated with the aid of electrical means.

The treatment by irradiation is one which demands very careful scrutiny of the patient for a prolonged period, in order to detect the earliest evidence of recurrence, either locally or in the lymphatics. Of the three types of carcinoma of the cervix, the medullary, the ulcerative and the fungating, the former is the most malignant, and when submitted to treatment usually already has lymphatic involvement. The radiation of the fungating type is markedly simplified and aided by a removal of the friable masses by diathermy.

In reference to carcinoma of the body of the uterus, the routine may be followed which has been in vogue for the treatment of breast tumors, the radiation being applied before and after surgical intervention of the carcinoma may be treated entirely by radiation. Whether of the cervix or of the corpus, whether prophylactic or radical, the full dosage of the radiation must be applied within as short a period as possible, notwithstanding the reaction of the patient.

Preoperative radiation may be applied either four weeks or four days before the operation, depending upon the extent of the infiltration. If the primary tumor is definitely circumscribed and the proper radiation is applied only with the intent to devitalizing any deposit which may exist in the lymphatics, then the operation may be performed four days after the radiation. When, however, the primary lesion is not localized and there is considerable infiltration in the parametrium and the lymphatics, the purpose of the radiation is only to circumscribe the extent of the growth and devitalize the infiltration in the lymphatics, the operation should be performed four weeks after the radiation. In both instances, however, it is important that the fields be so mapped out on the abdominal wall as to leave an unirradiated area in the median line, in order that a clean surgical incision be made possible, and that healing of the incision be not interfered with. Recurrences, whether in the uterus, parametrium, vagina or lymphatics, should be treated promptly and vigorously.

Cancer Notes and Cases.

Syphilis and Cancer.—Some years ago Dr. Ozenne wrote a valuable monograph on the relationship of these two affections and quite recently made an official report on the same subject before the Societe de Medecine de Paris. He has not changed his opinion that the syphilitic is a candidate for cancer, chiefly through leucoplakia and the occasional development of epithelioma in a gummatous lesion.—*Le Progres Medical*.

Malignancy—Its Cause.—Dr. E. A. Codman, of Boston, in a paper read at the American College of Surgeons' meeting last month said:

"Malignancy may be only an unbridled repair process and not the result of a stimulus emitted by bacteria, protozoa or other form of life. We have been looking for a positive cause. May it not be negative, as to the removal of an inhibition? The chick embryo which has grown steadily for nine years in vitro at the Rockefeller Institute, is suggestive. It appears to have no limit while it is fed. It is bottled growth—bottled life. Suggestive, also, is the remarkable fact that new growths, both carcinoma and sarcoma, appear to have the faculty of calling on the organism for a supporting framework of connective tissue and blood vessels.

Sometimes tumors exceed their rights and grow faster than the law allows them, so that parts perish from lack of nutrition. Others may practically perish from the reverse in calling forth a prison cells of reactionary fibrous tissue. Thus the malignancy of tissues is interwoven with their ability to use this magical property assigned to them of calling on the healthy body to feed and support them. The normal repair process following a fracture also has this magical attribute and calls on the broblasts and endothelium to proliferate. The chick embryo at the Rockefeller Institute shows the tenacity of growth inherent in the fibroblast, and it is not a great stretch of imagination that in the normal repair of a broken bone there are substances called forth into the circulation to ultimately check this insistent fibroplastic growth. In exuberant callus it almost fails to stop the process. In post-traumatic sarcoma the reins are lost and unbridled growth rages so long as the organism supplies it with nourishment. Like the fibrin and fibrinogen of the blood in need of the fibrin ferment to promote clotting, growth needs some chemical element to complete its usefulness. To bleed to death or to grow to death may be analogous processes.

Rising Cancer Death Rate.

The Statistical Bulletin of the Metropolitan Life Insurance Company says: The cancer death rate of the year 1921 was higher than that for any year since 1911, indicating that no progress is really being made in checking the mortality from this disease. Among Metropolitan Industrial policy-holders, during the eleven years 1911 to 1921 the cancer death rate has shown first, a horizontal tendency between 1911 and 1917, with no important variation from a figure around 70 per 100,000; second, a slight drop in the two years 1918 and 1919

to about 67 per 100,000 and third, a rise in 1920 and 1921, and which is still under way in the experience of the first six months of 1922. The lower death rates of 1918 and 1919 have been ascribed to the possible effect of the influenza epidemic upon the cancerous population; it has been said that perhaps many persons died from influenza who would have died from cancer if the epidemic had not occurred. But unfortunately for this explanation, no significant increase in total mortality was registered at those ages which contain the cancerous population. Most of the improvement in cancer mortality during 1918 and 1919 was observed at the ages when influenza was least destructive and when cancer death rates are usually highest. Whatever the explanation for the lower mortality in 1918 and 1919, we are facing at the present time a rising cancer death rate.

Cases of Carcinoma of the Kidney. One with Invasion of the Vena Cava and Right Heart.—Dr. William S. Quinland, in the Boston Med. and Surg. Journal, reviews the literature and quotes a case reported by Newman, which resembled the first case herein recorded. In this case, a man fifty-five years of age, the anatomical diagnosis was carcinoma of the kidney with metastases to the liver, heart, lungs, adrenals, lymph nodes and mesentery. There were tumor thrombosis of the inferior vena cava and right auricle, chronic passive congestion of the liver and lungs, chronic nephritis, chronic bronchitis, atrophy of the spleen and arteriosclerosis. A microscopic study of these tumors indicates that they are primarily of renal cell origin because of the papillary arrangement of the cuboidal cells much like that of adenoma of the kidney. Also the findings of groups of typical adrenal cells so easily differentiated from the tumor cells present in the adrenal gland, make it more apparent that the tumor must be of renal origin and not a hypernephroma. The tumor in Case 2 seems to be an adenocarcinoma of renal origin which has in places taken on the characteristics of a more malignant form of carcinoma with a loss of gland-like structures, and the possibility of producing subsequent metastases. Although there is nothing original in the opinion that carcinoma arises in the first instance from renal which the structure of the original tumor and epithelial cells, one seldom sees a case in relatively low statistics of cancer of the kidneys metastases approach so nearly the structure of adenomata of renal cell origin. The relatively low statistics of cancer of the kidney are due to the many difficulties in making a correct diagnosis of the disease and to the tendency of classifying these tumors as hypernephroma. Invasion of the inferior vena cava and right heart is of comparatively rare occurrence, such cases being diagnosed only at autopsy. The frequency with which the liver is affected in such cases as compared with the spleen and other organs makes it possible that invasion of this organ is effected by way of the hepatic veins. It is of interest though not surprising, that carcinomata of renal cell origin may show many of the characteristics of malignant hypernephromata of adrenal origin, such as a marked tendency

to invade the renal vein, since the cells from which the originate are embryologically so similar.

Carcinoma of Bladder in Young Adults.

Dr. Neil Moore, St. Louis, in a paper in the Missouri State Medical Journal, gives these cases:

Case 1. Dr. X, white, male, aged 32, single, physician. Present trouble was first noticed in August, 1919, when after strenuous gymnastic exercise he passed bloody urine and a small piece of tissue which was lost in the toilet. The bleeding continued and when he consulted me the following day his urine was intimately mixed with bright red blood. The specimen contained only red blood cells and epithelial cells; no pus, bacteria or casts. A cystoscopic examination was suggested, but the patient expressed a preference to postpone it a few days to see if the bleeding would not cease. Two or three days later the urine was absolutely clear and remained so until March 3rd, 1920, when suddenly he noticed a reappearance of the hematuria even more profuse than the first time. During the following night his bladder became filled with blood clots resulting in almost complete retention of urine.

Family History.—No malignancy.

Past History.—Had most of the childhood diseases otherwise always healthy until the beginning of the present trouble. He saw considerable foreign service in the World War. Venereal history of no significance. Habits.—Smokes cigarettes to excess, no drugs or alcoholics.

Examination (General).—Well developed and nourished, slightly anemic, and says he is a few pounds under weight, otherwise uninteresting. Urological.—Urine very bloody, containing clots. External genitalia normal. There were no urethral strictures. The urethra was very sensitive, requiring an unusual amount of anesthetic. Kidneys not palpable and there was no tenderness over either kidney or course of either ureter. The bladder was markedly distended. After introducing a cystoscope it required some time to rid the bladder of blood clots and clarify the medium sufficiently for satisfactory inspection. Upon observing the interior of the bladder a multiple villous like tumor $2\frac{1}{2}$ cm. in diameter was located attached by a fairly broad base to the right posterior surface over that part of the right ureter traversing the bladder wall and about $1\frac{1}{2}$ cm. from the ureteral opening. Considerable blood was escaping from a part of the tumor, which was instantly controlled with fulguration. No specimen was removed, but later in the day a piece of tissue was passed as a result of the fulguration; this upon section and examination was pronounced "carcinoma of the papillary type" by Dr. R. L. Thompson.

Treatment and Progress.—Five applications of radium, 5 series of x-ray and 6 or 8 high frequency fulgurations have been given. The tumor disappeared after two or three fulgurations. A small ulcer has remained at the point of attachment up to the present time. This is surrounded by a small amount of edema and at times is covered with a pyogenic membrane. About a month ago after a trip to Florida, where he engaged in considerable exercise the ulcer became irritated. A few drops

of blood were passed at one time and a phosphatic concretion, usually heferred to as cancer cap, was passed at another. This has materially improved after one fulguration and one application of radium. The urine has remained remarkably clear throughout the course of the disease. Generally the patient has been in good health, having regained weight lost, and suffers no inconvenience.

Case 2. G. S., white, male, aged 24 years, occupation, vice-president Transfer Corporation. Referred by Dr. J. C. Lyter, November 20th, 1921.

Present Trouble.—About three months ago developed frequent and painful urination accompanied by loss of weight, malaise and loss of appetite. No chills or fever, no blood in urine, no foreign bodies passed. He consulted his family physician, who administered medicine by mouth and gave bladder irrigations. Trouble gradually grew worse when he was referred to a urologist who cystoscoped and diagnosed it "severe cystitis and possible median bar obstruction." Trouble then became rapidly aggravated and a few days later he consulted Dr. Lyter. At that time he was suffering from complete retention of urine accompanied with much pain and urgency.

Past History.—Always very healthy and doesn't remember ever having been ill until four years ago, when he developed frequent and painful urination necessitating voiding every few minutes day and night. After about one or two weeks blood appeared intimately mixed with the urine. He then consulted a physician who placed him in a hospital and inserted a retention urethral catheter and instituted bladder irrigations. There were no chills or fever, no foreign bodies passed. At the end of ten days or two weeks he left the hospital apparently entirely relieved, but after a few days developed a prostatic abscess, which necessitated his return to the hospital where he remained about three months. After this he was apparently free from bladder symptoms; was later accepted in the army, where he saw considerable foreign service, was severely gassed and had an attack of influenza. Since then he has been in fair health until the beginning of the present trouble. Venereal diseases are denied.

Habits:—Smokes cigarettes moderately. No drugs or alcoholics. Family History.—No history of malignancy or tuberculosis, otherwise insignificant.

Examination (General). — Well developed and nourished, expression that of great pain, temperature 99 to 101 degrees F. Other than this the general examination was uninteresting.

Urological.—The external genitalia were normal and well formed. No urethral discharge, kidneys not palpable, no tenderness over vertebral angles or course of ureters. Swelling and great tenderness in the suprapubic region. There was complete urinary retention and repeated efforts to pass urine only a few drops of blood were passed. A soft rubber catheter No. 20 French passed readily and about 20 ozs. of urine was withdrawn containing some blood, much pus and many micro-organisms, mainly of the colon and staphylococcus groups. A retention catheter was inserted and patient sent to hospital to rest and recover from his infection and inflammation sufficiently to

cystoscope without taking chances of producing further damage. The Wassermann was negative. November 23, cystoscopy revealed a large tumor mass, smooth in outline, occupying the right side of the bladder, attached to the right posterior wall immediately over and observing the right urter opening. The tumor filled fully one-third to one-half of the abnormally distended bladder as seen through a cystoscope and as shown by a cystogram. A section was removed for examination and pronounced "papilloma, suspicious carcinoma," by Dr. D. L. Harris. Later a small section examined from a specimen passed following fulguration was pronounced "carcinoma" by Dr. Harris.

Treatment and Progress. — December 4th, 1920, one radium application, 200 milligram hours. December 8th to 20th, one series of x-ray treatment. From November 25th to May 12th, twelve high frequency fulgurations d'Arsoval current were given at regular intervals. Was able to void without catheter January 9th. March 31st, 1921. Only a small portion of tumor remaining; small ulcer has appeared about one-half inch inward to site of tumor attachment. May 12th, 1921, only a small ulcer remains, the other ulcer appears to have improved. The patient has gained about 40 pounds in weight and feels as good as he ever did. The urine remains slightly cloudy and contains small amounts of pus and colon bacilli.

Reports of Medical Societies.

ATLANTIC COUNTY

Clara K. Bartlett, M. D., Reporter.

After its summer vacation, the Atlantic County Medical Society resumed its regular monthly meetings on October 13 at the Hotel Chalfonte, Atlantic City. Following is the program:

"The Origination of a Health Department and Its Relation to the Physician," Dr. Samuel Salasin, health officer of Atlantic City. Discussion of plans for new hospital. Dr. W. E. Darnell told the members that he did not see how the medical profession and those needing hospital treatment could endure another year without increased hospital accommodations in Atlantic City. Dr. Philip Marvel contributed an interesting account of the establishment of the hospital and its fight against the handicap of overcrowded conditions to supply the service required of it.

Dr. Darnell said that only the physicians who have gone through last winter and this summer, when they frequently were unable to obtain beds for their patients in need of hospital care, can realize the strain that the doctors and their patients have suffered, because the hospital is far too small to care for those in need of treatment.

"The hospital has reached its limit of endurance and capacity," Dr. Darnell added. "It cannot meet the demands properly made on it unless an addition is built." Referring to the difficulty of patients obtaining private rooms, Dr. Darnell told of a recent instance where he found nine private patients in a public ward waiting for rooms. "This overcrowding is unjust to the poor, who need treatment," he said, "and those who are able

to pay for private rooms and cannot get them are also at a disadvantage. The hospital must provide more rooms for patients of all classes. I know of cases where surgical patients could not be admitted to the hospital, because there wasn't a single bed for them. They had to be taken out of town, and in a life and death case of this sort we should not have to send our dangerously ill on a long journey, but should have the accommodations here to care for them."

Dr. Marvel, who was one of the founders of the hospital and a member of the first staff, told of the services of the devoted men and women who established and supported the hospital.

Following the addresses the medical society passed resolutions endorsing the campaign and pledged their vigorous support to the movement.

BERGEN COUNTY

Dr. Frederick S. Hallett, Reporter.

The annual meeting of the Bergen County Medical Society was held at the Union League Club, Hackensack, on the evening of October 10. The president, Dr. Huff, occupied the chair. About twenty members were present. Following the routine business, the election of officers for the ensuing year took place: President, Dr. Edgar K. Conrad, Hackensack; vice-president, Dr. George L. Edwards, Bogota; secretary, Dr. Philip E. Brundage, Cresskill; treasurer, Dr. W. D. Webb, Hackensack; reporter, Dr. F. S. Hallett, Hackensack.

New members elected: Drs. R. T. Scott, Fort Lee, and Lewis Greenberg, Lodi.

The meeting was adjourned until the second Tuesday in November, at which time the annual delegates will be elected.

CUMBERLAND COUNTY

Elton S. Corson, M. D., Reporter.

The annual session of the society was held at the Hotel Commercial Tuesday, October 3. The president, Dr. W. P. Rickert, having moved to Harrisburg, Pa., to continue the practice of medicine, the vice-president, Dr. S. T. Day, presided. The various committees reported as to the work accomplished during the year. Resolutions of application of the work done by Dr. Rickert during his term of membership in the society were passed. Also a resolution concerning the death of Dr. S. M. Wilson, the second oldest practitioner in the county from the point of graduation. The election of officers resulted in the choice of Drs. S. T. Day, as president; W. Lester Cornwell, treasurer; H. Garrett Miller, secretary; E. S. Corson, reporter; annual delegate, M. K. Elmer. Owing to the necessity of canceling their appointments, those who were to have read papers were not present. Interesting cases were reported by various members present.

GLOUCESTER COUNTY.

Henry B. Diverty, M. D., Reporter.

On the evening of September 28, the twenty-fifth annual social session of the Gloucester County Medical Society met at the Woodbury Country Club.

The physicians had their wives and those that had no wives took their sweethearts.

We first had a dinner which was served by the country club caterer.

At the close of the dinner Dr. George E. Reading, acting as toastmaster, introduced the following guests, who made very interesting addresses: Prof. E. J. G. Beardsley, of Jefferson Hospital, Philadelphia; Dr. D. C. English, of New Brunswick, editor of the State Medical Journal; Dr. Madeline Hallowell, of the Home for Feeble-Minded Children, Margate City; Dr. James, of Pennsville, the delegate from Salem county; Dr. Emma Richardson, the delegate from Camden County; Dr. James Hunter, State President of the New Jersey Society.

After the literary treat dancing was indulged in and a very enjoyable time was had by all.

HUDSON COUNTY

William Freile, M. D., Reporter.

The Hudson County Medical Society held a well-attended meeting at the auditorium of the Carteret Club on the evening of October 3. Dr. Samuel A. Cosgrove, president, opened the meeting and subsequently surrendered the chair to Dr. L. F. Donohue, of Bayonne, former vice-president, who was elected president for the ensuing year. Dr. Charles Kelley, of Jersey City, was elected vice-president; Dr. W. L. Yeaton, was re-elected secretary; Dr. H. H. Brinkerhoff, treasurer, and Dr. Freile, reporter.

A. J. Van Brunt, director of safety education, of the Public Service Corporation, gave a demonstration of the Schaeffer method of asphyxia resuscitation.

Dr. Talbot R. Chambers, of Jersey City, gave a ten-minute talk on "Auto-Suggestion." The discussion that followed the talk was conducted by Dr. Wallace L. Pyle and Dr. Gordon K. Dickinson.

The paper of the evening was on the subject of "Foreign Bodies in the Rectum," and was read by Dr. John D. Stewart, associate professor of the Department of Rectal and Colon Diseases, New York Post Graduate Hospital. The paper was discussed by Dr. John Nevin, medical director of Jersey City; Dr. S. R. Woodruff, of Bayonne; Dr. Dickinson, Dr. Kelly and Dr. Bortone.

Dr. Nevin extended to the society, on behalf of the city, an invitation to hold its future meetings at the City Hospital. The committee of arrangements was instructed to make a report on the matter at the next meeting, which will be held on the first Tuesday in November. The society expressed its appreciation of the invitation and indicated that it would no doubt accept, because of the wealth of clinical and medical material afforded by the hospital.

(Dr. Chambers' paper will appear in a later issue of our Journal.—Editor).

HUNTERDON COUNTY

The Hunterdon County Medical Society held its annual meeting at Flemington October 24. Drs. A. C. Morgan, of Philadelphia, and S. B. English, of Glen Gardner, talked on "Tuberculosis."

The following officers were elected for the ensuing year: President, Dr. Francis A. Ap-

gar, of California; vice-presidents, Drs. C. J. Boyer, of Annandale, and B. N. Harmon, of Frenchtown; secretary, Dr. O. H. Sproul, Flemington; treasurer, Dr. E. W. Closson, Lambertville; censors, Drs. G. N. Best, Rosemont; G. L. Romine and E. W. Closson, Lambertville. A banquet was served.—Newark Evening News.

MERCER COUNTY

A. Dunbar Hutchinson, M. D., Reporter.

The Mercer County Component Medical Society has resumed work, following the suspension of business for the summer months. The regular monthly meeting for October was held on the 11th, and the large attendance gave evidence that the members are eager for the resumption of entertainment to be found in our meetings.

The joint meeting held at Skillman, in June, with the societies comprising the third district, was a huge success, due in great measure to the untiring efforts of Dr. Weeks in formulating a most pleasing program, and to the response given the invitation. The addresses by Commissioner Lewis and by the several presidents of societies, with the very entertaining and instructive lectures by some of our most prominent physicians, were much enjoyed by all. Following the playlet, "The Country Boy Scout," a delightful social hour was spent during the luncheon.

On July 9, a special meeting of the society was held, for the purpose of taking suitable action, following the death of Dr. M. Leroy Potts. Several of the members spoke in high praise of our departed colleague, and the president appointed a committee to draw up resolutions. The society moved to attend the funeral as a body.

On October 11, the society met in regular session. The name of Dr. P. M. Means, of the State Hospital, was placed before the society for election, and Dr. Means was regularly elected a member of the society.

Dr. H. B. Costill was approved as the representative from the third district, to the New Jersey Compensation Bureau.

The officers of the society were empowered to arrange for the annual banquet, annually held in November.

The scientific program for the evening consisted of "The Report of Several Interesting Surgical Cases."

Dr. H. D. Bellis described, in a very entertaining manner, his experience with two cases of perforating duodenal ulcer.

Dr. Samuel Sica explained graphically the trying situation found upon operating for meckels diverticulum, and a complicating case of rupture of the sigmoid.

Dr. G. N. J. Somer reported several complications that he found while operating upon the abdominal viscerae.

The several subjects received due consideration and discussion.

The invitation from the Eastern Homeopathic Medical Association to attend their meetings on October 25, 26 and 27 was received and duly accepted.

The October Journal, with its volume of good, crisp news, and transactions of the State Society meetings, all topped off by the excellent likeness of Dr. Costill, deserves

thorough consideration by every member, and to you, Mr. Editor, and your efficient staff, should be given a rousing, sincere vote of thanks for the issue.

SALEM COUNTY

William H. James, M. D., Reporter.

The annual meeting of the Salem County Medical Society was held at the Nelson House, Salem, on Wednesday, October 4, at 2 P. M.

Those present were Drs. Hilliard Green, Smith, Hires, Hummel, Sherron, Davis and Church, of Salem; Thomas and Husted, of Woodstown; Summerill, of Pennsgrove, and James, of Pennsville. Drs. Ashcroft and Downs were the delegates present from Gloucester county.

Dr. Elliott Dorn, who holds a clinic the first Wednesday of each month at the Salem County Memorial Hospital, was present, and gave a very interesting talk on the early diagnosis of pulmonary tuberculosis.

The following officers were elected for the year: President, Dr. Thomas; vice-president, Dr. Church; secretary and treasurer, Dr. Smith; reporter, Dr. James; delegates to State Society, Dr. Green, annual; Dr. Church, alternate.

The society decided hereafter to hold meetings as follows: The second Wednesday of October, December, February, April, and the social session in May. The next regular meeting will be held the second Wednesday in December at the Salem County Memorial Hospital, Salem.

SOMERSET COUNTY

Benjamin Borow, M. D., Reporter.

The annual meeting of the Somerset County Medical Society was held at the Somerset Hotel, Somerville, Thursday, October 12, at 2:30 P. M. After a sumptuous dinner our president, Dr. Lancelot Ely, called the meeting to order. There was no scientific program, and the society devoted itself to matters of business for the ensuing year.

Dr. Hawke, of Trenton, our district counsellor, was present, and gave a brief, but interesting talk on "Safeguarding Against Suits for Malpractice in the Case of Fractures."

Dr. Kenyon, president of the Board of Trustees of Somerset Hospital, impressed all present on the extreme needs of a new hospital for Somerset and surrounding counties. He showed how the institution had progressed and the great need of a new fireproof building, which could accommodate about three times the number of patients than the present institution. One that would be modern in every respect. A campaign to raise \$150,000 is in progress. All present felt that the amount would be oversubscribed, as the institution has done great service for the surrounding communities.

Three new members were proposed, namely: Drs. Jones T. Wright, D. Delfino and Helen Carter, whose applications were placed with the Board of Censors.

The following officers were elected for the fiscal year: President, Dr. William H. Long; vice-president, Dr. C. F. Halstead; secretary, Dr. Philip Embury; treasurer, Dr. Runkle F. Hegeman; reporter, Dr. Benjamin Borow; censor, Dr. Lancelot Ely; annual delegate, Dr. William Gesregen.

SUSSEX COUNTY

H. D. Van Gaasbeek, M. D., Reporter.

The annual meeting of the Sussex County Medical Society was held on Tuesday, October 10, at the Cochran House, Newton, President Voorhees presiding. There were fifteen present at the meeting, an unusually large number for this society. One new member was elected, Dr. Brown, of the Franklin Hospital.

The following were elected officers for the ensuing year: President, Dr. Harris Day; vice-president, Dr. Brown; secretary, Dr. F. P. Wilbur; treasurer, Dr. T. R. Pooley, Jr.; reporter, Dr. H. D. Van Gaasbeek; censor, Dr. J. G. Coleman; annual delegate, Dr. F. H. Morrison. Dr. F. P. Wilbur was elected on the nominating committee of the State Society. Dr. F. H. Morrison, as alternate. Dr. Martin Cole was elected as an honorary member.

Dr. B. M. Roy, essayist, read a very interesting paper on his experiences as a medical missionary in charge of a mission hospital in India. After partaking of a fine dinner, served by "Mine Host" Hendershot, of the Cochran House, the society was called to order again by the president and were treated to a six-reel movie on the latest and most scientific methods of examining and diagnosing tuberculosis.

UNION COUNTY

Russell A. Shirrefs, M. D., Reporter.

The annual meeting of the Union County Medical Society was held at the Y. W. C. A., Elizabeth, on the evening of October 11, about fifty members attending. Among several guests, to whom a cordial welcome was extended, the presence of Dr. English, genial editor of *The Journal*, was noted. The election resulted in the selection of Dr. G. T. Banker for president; Dr. R. W. Moister, vice-president; Dr. F. Steinke, treasurer; Dr. Irving Lerman, secretary, and Dr. R. A. Shirrefs, reporter. Dr. E. B. Grier was re-elected censor. Dr. C. C. Beling, retiring councillor of the first district, introduced his successor, Dr. Mefford Runyon, of South Orange, who, in a few well-chosen remarks, greeted the society and proffered his advice and services should occasion require. The following gentlemen were elected annual delegates to the State Society: Drs. Runnells, Warneke, Nittoli, Eaton, Lamson and Van Horn. The treasurer's report revealing a gratifying balance of \$757, it was ordered that he purchase a new \$500 United States bond. Drs. Phelan and Johnson were elected to membership, and another proposal for membership was received. During the evening, attention was called to the fact that one of our members, Dr. Frank Warneke, had received the primary nomination for Assemblyman on the Democratic ticket. The applause made him blush.

A. J. Van Brunt, director of safety education for the Public Service Railway Company, addressed the society on "Resuscitation in Electric Shock," declaring that physicians and industries are gradually readopting the old forms of muscular or manual means of resuscitation in preference to mechanical appliances and equipment, and gave an actual

demonstration of an approved technique, stating that perseverance in this method for even so long a time as three hours had resulted in reviving an apparently dead person.

Dr. T. P. Prout, retiring president, read a paper on "A Physician Looks at His World." Its publication is looked for in an early issue of this *Journal*. At the conclusion of the meeting, refreshments and good-fellowship added to the enjoyment of a social session.

BAYONNE MEDICAL SOCIETY

This society held its regular meeting on Monday, October 16.

Dr. M. I. Marshak read a paper on "Lesions in the Chest Most Frequently Diagnosed as Pulmonary Tuberculosis." He illustrated his paper with lantern slides. Dr. S. Chayes opened the discussion and was followed by Drs. Brooke, Forman, Shapiro, Malloy, Frank and Nalitt. Dr. Marshak closed the discussion. The paper took up the differential diagnosis of sub-sternal thyroid with hyperthyroidism, congestion of the lung apex, following influenza or a grippal attack, collapse atelectasis, aortic aneurysm, tumors of the mediastinum, lung abscess, bronchiectasis, malignancies of the lung, the dust diseases and lung lesions produced by the fungi. The discussion brought out the fact that certain cases, with diseases of the upper respiratory tract, especially of the nasal fossae, are often diagnosed as tuberculosis, also that chronic bronchitis and emphysema form a large percentage of the errors. The question of the infallibility of the x-ray diagnosis of lung condition was brought up, and cases were cited to show where errors might arise in laying too much stress on this procedure.

Dr. C. J. Larkey gave a talk on "The Ether Pneumonias So-called." He stated that it was necessary to have colonization of the pus-forming organisms in the lung epithelium to produce these conditions. To make colonization possible, certain predisposing factors would have to be present, such as general feebleness, especially in the aged, lack of individual resistance, combined with concentrated ether vapor. Other factors which produce lung complications are excessive air limitation, posture, aspiration, excessive cooling of the body, diminished lung expansion, caused by pain or tight bandaging, and the administration of morphine, which diminishes reflexes. "There should not be more than 6 to 7 per cent. of ether concentration present to prevent mucous inundation." Most of the cases develop following operation in the upper abdomen, which interfere with diaphragmatic breathing, and in pelvic cases where some type of Trendelenburg posture is used. He advocated anesthesia of light concentration and of just sufficient depth to keep the patient under, but which will allow of a rapid recovery. He also insisted on proper measures for conserving the body heat, and that breathing should not be hampered by tight bandaging or by unrelieved abdominal pain, following operation. Drs. Brooke, Thum and Woodruff discussed Dr. Larkey's views, and brought out the fact that only a small percentage of lung complications arose from tonsil operations, under ether anesthesia. Dr. Woodruff thought that it might be possible

that these complications are as much due to emboli, as to anything else.

Dr. Chayes reported a case of carcinoma of the bladder and prostate, which had received deep x-ray therapy, with remarkable relief of pain. This case had anuria for ten days preceding death. Dr. Lupin reported a case of intussusception in a baby. The invagination was twelve inches long. The diagnosis was made by feeling the mass in the rectum. Cases of pemphigus neonatorum were reported by Drs. Forman, Williamson, Brooke, Larkey, Woodruff and Shapiro. A general discussion on this topic was then held.

RIDGEWOOD MEDICAL SOCIETY

H. S. Willard, M. D., Reporter.

The regular meeting of the Ridgewood Medical Society was held Wednesday evening, October 18, at the residence of Dr. Joseph Payne, of Midland Park. There was a large turn-out of members at this, the first meeting of the winter season.

A case of sleeping sickness was exhibited and thoroughly discussed by all the members present. Dr. T. V. Connolly, of Paterson, read an interesting paper on "Headaches of Nasal Origin," after which a vote of thanks was extended to Dr. Connolly for the able paper he presented.

Dr. Fisher, of Allendale, and Dr. B. L. Field, of Ramsey, were elected to membership in the organization.

A resolution was adopted, urging the Board of Education to institute the Schick test for diphtheria in the public schools of Ridgewood. This test has been shown to be 100 per cent. perfect in demonstrating the immunity or susceptibility of children to the dread disease of diphtheria. It is the belief that if this test and its treatment could be carried out in a large scale that diphtheria would soon be stamped out of the country, and that our diphtheria wards in isolation hospitals would be empty.

Following a social session and the usual refreshments, the meeting adjourned.

New Jersey Tuberculosis League

The sixteenth annual meeting was held in the Robert Treat Hotel, Newark, on October 20 and 21. Reports were presented on the 20th, as follows: "The Generalized Nurse for Tuberculosis Work," by Miss Dorothy Deming; "The Specialized Nurse for Tuberculosis Work," Miss Frances H. Meyers; "The Difficulties and Responsibilities of a Nurse in a Tuberculosis Hospital and Sanatorium," Mrs. Florence R. Burgess. These were followed by discussions. Dr. H. A. Pattison delivered an address on "What a Tuberculosis Sanatorium and Hospital Can Do for a Community," and Dr. Bailey B. Burritt discussed "The Social Readjustment of Patients."

On Saturday, the 21st, Dr. W. R. P. Emerson, of Boston, gave a stereopticon lecture on "A Program for Correcting Malnutrition in Children;" Dr. Roy C. Shaffron, on "State Health Program for Schools;" Dr. R. G. Warden, of Newark, on "Inspection System in Newark Schools;" Dr. H. M. Cressman, of Atlantic County, on "The Modern Health Crusade."

In the afternoon an auto trip to the Essex Mountain Sanatorium, at Verona, was taken

by about 150 delegates. Dr. W. L. Kinkhead is president, Dr. B. S. Pollak, vice-president, and Dr. Ernest D. Easton, secretary of the league.

Medical Section of Rutgers Alumni Club, New Brunswick, enjoyed their annual dinner this year at Price's Pleasure Bay resort, on July 19th.

Miscellaneous Items

Surgeon-General Ireland Appointed.

Announcement is made that Major-General Merritte W. Ireland has been re-appointed Surgeon-General of the Medical of the U. S. Army.

Gorgas' Memorial Institute, Panama.

Of particularly deep interest to all members of the medical profession and to all others interested in questions of Public Health and Sanitation is the recent announcement of the plans of the Board of Directors of the Gorgas' Memorial for the establishment of a Memorial Institution in the City of Panama for research and the extension of means of prevention of tropical diseases. It is well known to members of the medical profession that the accomplishment of the great work in the sanitary regeneration of Panama are due to the efforts of the late William C. Gorgas, Surgeon General of the United States Army, and to his efforts, more than to any other, success for the work must be accredited.

Admiral Braisted, formerly Surgeon General of the United States Navy, with the co-operation of others equally interested in making this memorial possible, incorporated the Gorgas' Memorial Institute for the purpose, in addition to directing the scientific work of raising an endowment fund of five million dollars for maintenance. In commenting upon the field of work before the Institute, Admiral Braisted stated that among the diseases which will be studied in addition to yellow fever and malaria, are dengue, pellagra, beriberi, leprosy, cholera and the various mycoses. It is the consensus of opinion that tremendous advances can and will be made through the efforts of the research work in this field. The humanitarian benefits to accrue from the establishment of this wonderful tribute to General Gorgas are almost beyond conception. Its complete success means the fulfillment of General Gorgas' greatest desire, that of eliminating these devastating tropical diseases, and at the same time is a fitting recognition of the worldwide importance that the profession of medicine played in the construction of the Panama Canal.

The American Medical Editors' Association has sent out an appeal to the medical profession to co-operate in establishing this memorial.

Purely Professional.

"So Clara threw over that young doctor she was going with?"

"Yes, and what do you think? He not only requested her to return his presents, but sent her a bill for forty-seven visits."—Boston Transcript.

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer favor by notifying the Publication Committee of the fact.

NOTE.—The transaction of business will be expedited, and prompt attention secured if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR, New Brunswick.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE, Newark

OFFICIAL TRANSACTIONS

We insert in this issue of The Journal the items of business transacted at the State Society's annual meeting that were omitted in the October Journal report of the official transactions. The space required for this unexpected and lengthy insertion compels us to defer insertion of other matter prepared for this month's issue.

Welfare Committee Report.

We call special attention to the admirable report of the work of the Welfare Committee of the State Society by Dr. Wells P. Eagleton, as being worthy of the careful consideration of every member of our Society. (See pages 339 to 344). We believe it sets forth some of the best work our Society has ever done for the safeguarding and advancement of the profession, and especially for the protection of the health interests of our citizens and the conservation of humanity's welfare.

The Welfare Committee resolved, very wisely, we believe, not to enter the political field this fall, leaving any action believed to be necessary in reference to legislative candidates to the decision of the county medical societies. The

Editor believes that a legislator, or any public speaker or voter has a right to advocate and vote for any measure that his enlightened mind and conscience decide is **right**; but no one should exercise his "**personal liberty**" by any vote or act that would endanger **civil liberty**, morality and the general welfare of humanity. "**Thou Shalt Not**" are significant words that "**personal liberty**" advocates need to remember.

Cancer Week

NOVEMBER 12 TO 18, 1922

The above week has been designated by the American Association for Cancer Control, as "Cancer Week." Last year it was observed generally throughout the United States. In New Jersey, Dr. Edward J. Ill served as State chairman, and through his efficient work the week was generally observed by meetings held in all our cities and towns, in which able speakers addressed large audiences, and much literature was distributed.

Dr. Ill is serving again this year. Any physician who is willing to speak on the subject in his own locality or elsewhere will be furnished with literature if he will notify Dr. Ill. Every city, town and village in our State should hold a meeting for the laity if possible, or, if not, the profession should plan to distribute literature.

The American Association for Cancer Control, 370 Seventh avenue, New York, will send on application copies of a four-page leaflet entitled "Vital Facts About Cancer," and a larger one issued by the Metropolitan Life Insurance Company entitled "A Message of Hope," for free distribution. A set of sixteen large, 14x22 inches, has been sent out by the Acme Lithograph Company, New York. They are the reproduction of the colored cancer exhibit lithographed in six colors and makes a striking and instructive exhibit, paid for by the Lasker Memorial Fund.

LESS THAN FIVE-EIGHTHS

From the July N. Y. Medical Jour.

The fact that only 9,500 of the 16,000 physicians in the State of New York are enrolled in our membership reflects a condition which should receive careful consideration.

Why are 6,500 medical graduates willing to have their interests looked after

by others without taking any trouble about it?

Why are they so adventurous that they care nothing for the protection of organization against dangers that are constantly threatening their professional existence?

Why are they blind to the value of the post-graduate work of the meetings of the county societies?

Why are they so self-sufficient that they are content without interchange of opinion, or desire for other viewpoints?

Why are there so many selfishly isolated practitioners who have forgotten the ideals of fraternity which they promised to cherish?

These questions are asked of every reader of the Journal, with the intention of stimulating inquiry among their unsocial neighbors. If the fault lies with the State Society proper remedial measures must be taken to make its membership attractive.

In this era of "drives" may we not suggest a campaign that will not rest until every extraorganization physician shall have been canvassed?

The same conditions exist in New Jersey. We should have at least 1,000 more members. Let us have a "drive" by every County Medical Society.—Editor.

POLITICAL POWER IF ORGANIZED

We insert the following editorial, which appeared in the Illinois Medical Journal of September, and commend it to our members, for careful thought and action:

"There are in round numbers 142,000 physicians, 43,000 dentists and 45,000 drug stores in the United States. In the latter instance there are probably three druggists to every store, making a total of 100,000 druggists. These professions if properly organized and working cohesively can be made the greatest factor for good in the country. No legislation inimical to the best interests of the public and the professions named could be placed on the statute books with this organization working coherently. Not a home in the State or nation that is not reached by some doctor during the course of the year; perhaps not an individual in the nation who is not met face to face and engaged in personal conversation by one of the three professions in the course of the year.

"What a power if organized would be

the doctors, dentists and druggists of the United States in combating medicinizing socialization schemes, schemes for health centres, clinics, compensation laws, health insurance, Sheppard-Towner maternity acts and in heading off Federal interference in medical practice by such menaces as the regrettable maternity bill and the other fifty-seven varieties of attempts to bring about State medicine."

The governor of the State of Maine has rejected on behalf of the State of Maine the Sheppard-Towner maternity act. His rejection holds good until the next session of the State Legislature. Massachusetts, New York, Rhode Island have positively rejected the Sheppard-Towner maternity act. The Louisiana Senate committee on health and quarantine reported unfavorably on the bill to accept the Federal act, and now comes the good old State of Maine, presided over by a red-blooded American, who refuses to co-operate with his paternalistic scheme. The governor says: "Maine neither asks nor accepts Federal aid for mothers and children—it is time for the States to hold to the principles of the Constitution and guard against all further encroachment by the Federal government. . . . The State of Maine will not sell its birthright; and principle, not expediency, has been the determining factor with me in the solution of this problem."

The editor of the Illinois Medical Journal, in commenting on the action of Governor Baxter, of Maine, says: "Men are wise if they are wise in time. Unless a halt is called to the paternalistic tendency of the times, the people of America will be the most standardized and regulated people in the world, and we will all be on the payroll as spies watching one another."

Again we say that the greatest need of the medical profession today is the thorough organization of our profession, and it should begin in our county medical societies, where every member should be made to realize his individual responsibility in maintaining the profession's standing and efficiency, as related to their patients' and the public's welfare. And as we are all laboring for the public's welfare we would advocate the organization of the doctors, dentists and druggists as a political power to demonstrate the fact (even as the State So-

ciety's Welfare Committee has done), that the medical profession is not acting in legislation to promote the pecuniary interests of its members.

PASSING OF TWO GREAT LEADERS

DR. ALEXANDER R. CRAIG—The sudden passing of Dr. Craig is a shock that makes it difficult of realization. On August 25 he left for his annual vacation, and was spending it with his family in rural Maryland. For some weeks he had not been feeling altogether well, although he treated the matter lightly, and jokingly rejected the suggestion that it was time for him to take his vacation. Finally he got away and then, out of a clear sky, came the telegram telling of his death. The rank and file of the profession probably will never know the loss which it sustains in Dr. Craig's going. It is doubtful whether the impress he has left on the American Medical Association ever will be fully realized, except by the few who intimately associated with him. He not only filled the position of secretary of the Association, but also was the secretary and executive officer of the Council on Scientific Assembly and of the Judicial Council. In the latter position, particularly, his exceptional tact showed itself. A rare type of man he was; a re-creation of the spirit of service; a giver of himself; a man whose life was a mission; "we shall not soon see his like again."—A. M. A. Journal.

DR. STEPHEN SMITH, the well-known surgeon and public health officer of New York, died at Montour Falls, near Elmira, N. Y., August 26, 1922, at the great age of ninety-nine years, six months and seven days. The son of a cavalry officer in the Revolutionary War, he was born on a farm at Skaneateles, Onondaga County, on February 19, 1823. He attended the Academy of Homer, where he was prepared for the sophomore class of college. Instead of completing his college course, ill-health induced him to enter upon the study of medicine with Dr. Caleb Green, of Homer. He attended his first course of lectures in the old Geneva Medical College. In 1850 Dr. Smith went to New York and entered the College of Physicians and Surgeons, Columbia University, from which he graduated in 1851. From 1854 to 1891 he was professor of anatomy at Bellevue Hospital Medical

College, and in 1856, associate editor of the Journal of Medicine. His "Handbook of Surgical Operations," published early in the Civil War, was widely distributed to the surgeons of the Federal army. Later his "Operative Surgery" became a standard textbook in the medical schools of the country. He became deeply interested in improving health conditions in New York city and secured at last a law creating the Board of Health there, and was, against his will, made health officer of the city, and rendered most faithful and efficient service. He organized and became the first president of the American Public Health Association.

WELFARE COMMITTEE

MEDICAL SOCIETY OF NEW JERSEY.

A meeting of the Welfare Committee of the Medical Society of New Jersey, was held in the Essex Club, Newark, Tuesday, Sept. 12, 1922. Dr. Henry B. Costill, acting Chairman, presided. Others present were Dr. Julia Mutchler, Dover; Dr. George T. Banker, Elizabeth Dr. D. C. English, New Brunswick; Dr. John McCoy, Paterson; Dr. Frederick Quigley, Union Hill; Dr. Frank W. Pinneo, Newark.

The question of whether the Welfare Committee should enter the State Senatorial contest in Morris County was discussed at length. The legislative record of Senator Arthur Whitney, who is seeking a renomination, was read. It showed that Senator Whitney in some instances had voted against bills advocated by the Welfare Committee, and in other cases voted for measures advocated by the committee. He was viewed as an uncertain quantity, with regard to medical legislation. Reports were made of pledges from former Assemblyman David Young, who is also seeking the Senatorial nomination in Morris County, that he would support legislation recommended by the Welfare Committee.

On motion by Dr. Quigley, seconded by Dr. McCoy, it was decided that the Welfare Committee should not enter into the senatorial contest in Morris County, but that Senator Whitney's legislative record be presented to the Morris County Medical Society, with the explanation that the Morris County Medical Society should be guided by its own judgment in the matter. It was further declared to be a principle of the Welfare Committee that it should not enter into county politics except in instances where there was flagrant opposition on the part of legislators or candidates to the Welfare of the State and the Medical Profession; that the attitude of County Medical Societies with reference to legislative candidates could best be formulated by the respective county medical societies without interference by the Welfare Committee; that the County Medical Societies with the Welfare Committee at all times would be pleased to furnish the legislative record of any legislator, or candidate, in case the candidate has a legislative record.

A communication was received from Dr.

Herbert W. Nafey, of New Brunswick, stating that he had endeavored to obtain workmen's compensation blanks from the compensation bureau's offices at Trenton and Newark, but had neither received the forms nor an acknowledgment of his communication. On motion by Dr. McCoy, seconded by Dr. Quigley, the Secretary was instructed to take the matter up with the Compensation Bureau, with a view to have applications available for physicians at the State Bureau at Trenton, and at the offices of the Bureau throughout the State.

On motion by Dr. Pinneo, seconded by Dr. English, the Secretary was instructed to notify the various County Medical Societies, according to districts, of the selection by the Welfare Committee of a physician from their respective districts for recommendation to the State Commissioner of Labor, for appointment as medical advisers to the Deputy Compensation Commissioners on disputed medical fees in compensation cases. The County Medical Societies will be asked to approve or disapprove of the appointment for their district, and to inform the Welfare Committee of their action. The physicians selected for recommendation as advisers are as follows: Dr. John F. Hagerty, Newark; Dr. John C. McCoy, Paterson; Dr. Henry B. Costill, Trenton; Dr. A. Haines Lippincott, Camden; Dr. Samuel A. Cosgrove, Jersey City.

A communication was received from the Naturopathic Committee requesting an audience with the Welfare Committee. On motion by Dr. McCoy, the Secretary was instructed to inform the Naturopathic Committee that the Welfare Committee would arrange to meet their committee, at the Essex Club, Newark, at the next meeting of the committee, and that the date of such meeting, to be set later, would be communicated to them.

Dr. Costill reported of action by the State Board of Health, to appoint subject to Civil Service Examination, a Chief of the Bureau of Child Hygiene, and he presented a notice setting forth the qualifications specified as necessary. The sense of the meeting was that the person to be selected for the position should be a graduate of medicine and that the selection should be made by the State Board of Health, alone and not made a civil service matter. On motion by Dr. McCoy, seconded by Dr. English, Dr. Costill was authorized to confer with the State Board of Health and to express to them the views of the Welfare Committee with reference on the subject.

A communication was received from the American Medical Association, accompanied by an advertisement of a firm of Chiropractors of Denver, which latter had appealed to U. S. Senators, Congressmen and Governors, that they "demand Congress permit ex-service men the freedom of choosing their own method of healing at government expense." The plan, of course, is to permit the "Chiros." to treat the ex-service men, at government expense. The law now requires medical treatment for ex-service men. The matter was referred to Dr. Archibald E. Olpp, of Jersey City, a member of Congress from New Jersey, for his suggestion and action. It was expressed to Dr. Olpp, that the Welfare Committee was opposed to Chiropractic Treatment of disable ex-service men and that the committee would be glad for him to handle the matter at Washington.

Dr. Olpp was requested to keep the committee advised on the subject.

The nursing question in the State in view of the shortage of nurses for both private and hospital work, was discussed. The matter was referred to the hospital Standardization Committee of the State Medical Society, of which Dr. McCoy is Chairman, for a recommendation.

Acting on the recommendation of the State Medical Society at its last annual meeting that the members of the Welfare Committee be reimbursed for their expenses incurred in the committee work, it was decided by motion, that the actual expenses of the members incident to attendance at the Welfare Committee meetings be borne by the State Medical Society, members to submit his expenses at each meeting.

On motion by Dr. Quigley, the secretary was instructed to take up with Dr. Wall, counsel for the State Society, the question of prohibiting the use of the title M. D. by any person other than a licensed medical physician.

On motion the meeting adjourned.

Joseph H. Gunn, Exec. Secretary.

Academy of Medicine of Northern New Jersey

The stated meeting will be held Wednesday evening, November 15, at 8:30 P. M. After the regular business, Dr. F. M. Allen, of the Physiatic Institute, Morristown, will read a paper on "Clinical Observations on the Management of Diabetes Mellitus."

The section of eye, ear, nose and throat will meet on Monday, November 12, at 8:45 P. M. Dr. E. S. Sherman will present cases of "Plastic Surgery on the Eyelids." Drs. Pyle, Chatten and Zehnder will report cases. Dr. Lewis Fisher, of Philadelphia, will read a paper on "The Uses and Abuses of Vestibular Examination."

The section on medicine and pediatrics will meet Tuesday, November 14, at 8:45 P. M. There will be reports of cases and a paper, the subject of which will be announced later, on postal.

The sections on surgery and gynecology and on obstetrics will meet Tuesday, November 28, at 8:45 P. M. After reports of cases papers will be read by Drs. R. P. Dieffenbach, H. S. Martland and W. Petry, being a symposium on chest surgery.

The meetings will all be held in the Academy Building, 91 Lincoln Park, Newark.

An Accidental Death Every Six Minutes.—Seventy-six thousand accidental deaths—a life every six minutes—is the toll paid by Careless America during 1920, according to the report of the National Safety Council presented to the Eleventh Annual Safety Congress, which opened in Detroit, August 28. The 1920 toll of accidents represents the total population of the State of Nevada, and while it is a decrease of 3,300 over 1922, it is only 400 less than the 1919 total. The automobile fatality frequency for 1920 was 30 deaths a day, a total of 11,000 for the year. People died from falling accidents of all kinds at the rate of thirty-four a day. Burns claimed thirty-two lives a day, a total for the year of 8,088. Railroad accidents showed no decline as there were 7,769 such deaths. Over twice as many men died accidentally as did women.

OFFICIAL TRANSACTIONS CONTINUED

156th Annual Meeting

of the

MEDICAL SOCIETY OF NEW JERSEY

June 21st, 22nd and 23rd, 1922

Supplementary Report of Transactions Omitted
from or deferred insertion in the
October Journal

REPORT OF THE WELFARE COMMITTEE OF THE MEDICAL SOCIETY OF NEW JERSEY FOR 1922.

By Wells P. Eagleton, Chairman,

(See Page 299 October Journal.)

Following the State Society meeting in June, 1921, the Welfare Committee reorganized in July, one member from each county of the State being added to it. The men were selected from those who had been active in the campaign of 1920, when the limited practice act was passed.

On July 26, 1921, the first bulletin was issued, in which the following program was mapped out:

(1) Political opposition to the assemblymen who had persistently fought against re-establishment of educational standards (Senate Bill No. 149.)

(2) A study of the osteopathic situation.

(3) An amendment to the Workmen's Compensation Law, which would provide for fair and proper compensation for the physicians.

(4) A study of the Rehabilitation Law.

(5) A request that one physician be appointed on each board of managers of the medical institution of the State.

(6) Plans to interest physicians in public affairs.

(7) Opposition to alterations of the limited practice act.

(8) Opposition to Compulsory Health Insurance.

(9) Requests for advice from every member of the profession.

The slogan adapted for the year was "Medical Men for Health Problems."

If you will bear in mind the outline of this program, you will realize how great a degree of success the united profession has attained.

Physicians on Board of Managers: Your Committee has stated in its program that physicians should be appointed to the boards of managers of state institutions; consequently a special committee of the Welfare Committee prepared a list of medical men who they knew would disinterested and independently perform public service. These men were asked by letter if they would accept such appointments if offered to them. A list of those who expressed a willingness to serve was then forwarded to Commissioner Burdette Lewis of the Department of Institutions and Agencies, with a letter stating that the Welfare Committee of the State Society had selected and could recommend these men as desirable public servants. The result was

ludicrous. Here was a list of medical men, at a personal sacrifice, were willing to accept positions on the various boards in order to serve the State. But apparently the "authorities" who dictate the policies of the medical institutions, do not purpose to appoint medical men simply because they are qualified and disinterested. And while the Department of Institutions and Agencies was most affable in its receipt of this list, only one of them was suggested was appointed. However, it had this effect—the departments knew the medical profession was watching it, so its attitude throughout the year has undergone a marked change. They knew that medical men should occupy these positions because of their training even though they do not desire the men whom we suggested; and while only one selection was made from the list referred to, twelve physicians were appointed to the various boards of the Departments of Institutions and Agencies. A few years ago their attitude was to ignore the profession.

The changed attitude toward the profession is also shown in the phraseology of the bill that the Department of Institutions and Agencies prepared for the raising of money—the defunct bond bill—in which the State Medical Society was designated as an advisory board.

The Osteopathic Situation: First, conferences were held with the prominent osteopaths representing the Osteopathic Association of New Jersey, with the idea of getting their viewpoint and to ascertain why, year after year, they have been demanding that they should be allowed to practice medicine and surgery. These conferences were not fruitful from the standpoint of each side and elicited the fact that the Council of Education of the American Medical Association while denouncing the osteopathic colleges had made little attempt to inspect them since 1914. The osteopaths claimed that if their colleges were inspected, some of them would be found well up to the standard, and that a certain proportion of the osteopaths (the graduates of these schools) should be permitted to practice medicine and surgery. These men felt that they had a grievance; a few of them—up to last year twelve—had been compelled to pass an examination before our State Board in the principles of surgery, but only osteopathy. The law provides no way in which they could obtain the right to practice surgery unless they entered a regular medical college and again took the entire course.

As a result of this disclosure your Committee immediately took steps to compel the A. M. A. to make a survey as they had been publicly denouncing colleges about which they knew very little in recent years. The correspondence with the council on Medical Education and the Trustees was long and heated, but it resulted in the Board of Trustees of the A. M. A. ordering its department for investigation of colleges to inspect the osteopathic schools immediately and appropriating sufficient money for the purpose.

If your Welfare Committee had done nothing else, this alone would have well repaid them for their work. It was work for the good of the profession as a whole; for you

must realize that the medical profession is now confronted with a legislative conflict like that which prevailed between the regulars and the homeopaths forty years ago.

You will readily see how important it is that the situation should be approached from a just and open-minded viewpoint, and that the A. M. A. having been derelict in its duties for so many years, should be compelled by New Jersey to perform its work as a national organization. This was entirely New Jersey's accomplishment, of which you can justly feel proud. The result of the survey of the osteopathic colleges by the examiner of the A. M. A., who came to Trenton without compensation, was a factor in the killing of the osteopathic bill in the Assembly; as it demonstrated that as yet the osteopathic colleges were not up to the standards, although they have made and are still making great strides. But the problem has not been solved, so it must be attacked by the medical profession with fearlessness, disinterestedness and a desire to play fair with all concerned.

Political Activities: In September, following our statement of last year that we would attempt to defeat at the polls those who had constantly attempted to lower the educational standards to practice the healing art in New Jersey, we began an active campaign all over the State against the fifteen assemblymen who had persistently tried to license insufficiently educated chiropractors and to allow osteopaths to practice medicine and surgery without sufficient educational qualifications. The campaign for their defeat began before the primaries. Probably to Union County more than any other belongs the chief credit in showing what a united profession can do in public affairs: it was the main factor that altered the attitude of the politicians toward the profession.

Sidney W. Eldridge had been nominated in Union in 1920 by the largest majority of any candidate; he opposed bitterly Senate bill 149. He tried to force through the chiropractic and osteopathic amendments. The physicians of Union County under the leadership of Dr. Quinn organized. They undertook to meet Mr. Eldridge in the only language politicians understand—votes—with the result that when the primaries were finished, instead of having 8,000 majority, which he had the previous year, he was defeated for the republican nomination. This was the warning that went all over the State to our opponents. The campaign against Eldridge having been sprung at an opportune time and astutely conducted, was most fruitful in its result, for every assemblyman who had been nominated was uncertain of what might happen on election day.

Your committee thought it wise to leave to each county the method to be pursued in its effort to defeat the opponents of educational standards. The effect was amusing—all our opponents of last year began stating how they had not been antagonistic to our legislative program, and when the election was over, although we met with small success in Essex (defeating only one candidate), an examination of the results showed that of the fifteen opposing the re-establishment of educational standards in 1921, only seven had been returned to the Assembly.

After the election your Welfare Committee circularized all the physicians again, telling them what progress had been made, and asking that the legislators-elect should be interviewed and told that the physicians of the State were demanding that the medical phases of the Workmen's Compensation law be modified. This was so well done by the various county societies that at the opening of the Legislature there was not an assemblyman or a senator who did not know that the doctors were demanding adequate compensation for their services, as well as for the hospitals, that they were tired of doing the work for which the insurance companies were being paid.

Workmen's Compensation Law: Prior to the issuing of the bulletin a legislative research expert connected with the State Chamber of Commerce, Dr. Studenski, was engaged to gather data about the Workmen's Compensation laws in the different States. At the time of his employment your committee thought he was working for it exclusively, and expected to pay for his services. It developed, however, that he was to be paid by the State Chamber of Commerce. He worked on the laws through the whole summer and made his report to this committee at the opening of the Legislature. It is only by such comprehensive and thorough work as this that real constructive legislation can be enacted.

In the meanwhile your chairman, as a representative of the medical profession, had been invited to become a member of a committee formed by the State Chamber of Commerce for the purpose of introducing amendments to the Workmen's Compensation act, as a whole. On this committee were two men representing the employers, two representing labor, two the public—one being a State senator—a doctor representing the insurance companies, the Commissioner of Labor and a medical director of one of the State rehabilitation clinics. Meetings of the committee were held at frequent intervals, and it was decided to introduce a bill that would give the workingman adequate compensation, but when it came to paying the doctors for what they were doing, everybody balked; and in the "showdown" there was only one vote to change fundamentally this aspect of the law, and that vote was your chairman's. All the others either did not vote, so as to evade the issue, or voted no for the purpose of expediency. All admitted that the doctors were not being adequately remunerated, but they said if you put too much burden on the employers and the insurance companies they would be opposed to the law, and it would not pass.

I want every one of you to realize this, because it emphasizes a condition we must face frankly. When doctors become employees of commercial houses, whether insurance companies or otherwise, they are apt to lose the viewpoint of the profession as a whole and accept that of their employers. You must also realize that when dollars can be saved "business" will be opposed to any movement, either professional or not, that will compel them to pay more money.

When the alteration of the medical phases of the law was turned down, your chairman announced that he would withdraw from fur-

ther activities with the special committee of the State Chamber of Commerce. Up to this time no effort had been made by your Welfare Committee to prepare a separate bill, but now steps immediately were taken for its preparation.

Your committee concluded to fight for three principles:

1. That medical men only are competent to decide medical problems, and consequently;
2. That the administration of medical affairs should be in the hands of medical men and
3. That adequate compensation should be paid for medical services.

Our first bill was prepared by one of the ablest and most respected of New Jersey's former judges, who had had a large experience with compensation cases. It was based largely upon his own method of settlement when doctors disagreed on a medical question, namely, securing the opinion of a disinterested doctor. It provided for the appointment of five medical referees, who should decide the medical aspects of the law; thus protecting the interests of the profession and of the workman, and likewise protecting the insurance companies and the injured workman from overcharges by unscrupulous medical men. You must understand the crux of the contention in the special committee of the State Chamber of Commerce was that the insurance carriers were insisting the medical profession was full of dishonorable men, so that to give the injured workman unlimited medical service was simply to invite fraud; that the insurance companies were being defrauded by doctors, when an opportunity was offered. These false statements had been previously used before legislators and had had the effect of having the original compensation law of 1911 modified, reducing the compensation from \$100 to \$50, to the detriment of the medical profession. Seeing that a similar effort was again contemplated I announced at a meeting of the special committee of the State Chamber of Commerce that if these false accusations and tactics were repeated this year I would be prepared to show the legislators that the insurance companies, instead of being defrauded by the medical men, had for years not paid for the care of the injured workmen nor compensated the doctors nor the hospitals; that while the medical men were doing the medical work the insurance carriers were accepting the premium, and then avoiding, in the majority of instances, proper compensation.

We proceeded to circularize the State, and obtained data to substantiate our claims. As a result of this circularization of the hospitals, at the opening of the legislation we were prepared to show that the hospitals alone were expending \$2 for the maintenance of the injured workman for every dollar they received from the insurance carriers or the employers, and the doctors were seldom adequately remunerated. In other words, the injured men were being maintained chiefly by private institutions of the State and treated by the physicians, with little or no pay. In regard to inadequate compensation being given to the physicians, the following instance

is an example of the attitude of the insurance carriers regarding their fees. An insurance carrier refused to settle a bill for \$87, for treating a fracture of the skull until the manufacturer by whom the injured patient had been employed, wrote the company that this amount should be paid. Again, an insurance company sent a check for \$20, for the treatment of a compound fracture of the elbow, with a most excellent result, stating that was all it was worth—or they were called upon to pay—and that the doctor was to accept the \$20 or to receive nothing.

After much discussion in the committee and with individual members of the profession doing this work it was decided that, as it would be impossible to have five medical referees appointed by the governor without altering fundamentally the administration of the Workmen's Compensation law as it now stands, and because if adopted this would give the Department of Labor an excuse for future improper administration, this demand consequently would not be made by us, for the present, at least; since our whole purpose was to help, not to hinder, the State in the matter of administration. As a result of that decision the present amendment to the Workmen's Compensation law was drafted.

I know now why so few really good laws out of the many introduced are ever enacted. It is largely because so few are properly and scientifically drawn or are enforceable, as they are so apt to conflict with other laws.

In revising the medical phases of the compensation laws we had four different drafts submitted to us. A consolidation resulted in the present medical amendment. Your committee thinks it is a distinct advance in the interest of the profession and the public.

Co-operation With the Whole Profession: With the idea that the medical profession should stand united for health legislation, as guardian of the public health, your committee called a conference of all the county societies in Trenton to discuss the bills. This conference was indicative of medical conferences as a whole. Many county committees did not come, and numbers of those who did come were in a great hurry to return home. But on the whole, the conference could be considered most fruitful, as we had an attendance of about fifty. As a result of this conference your committee presented to the Legislature five bills—three amendments to the Venereal Control law, one amendment to the medical phase of the Workmen's Compensation law, and one to the Rehabilitation Commission law. The history of these bills shows that, when the profession is united and knows its own mind, it can succeed; when it is divided, it will meet with defeat.

Venereal Control Bills: The Venereal Control bills were defeated by the methods peculiar to legislation. All three passed the Assembly—the marriage bill, after considerable opposition—none, however, was ever voted upon in the Senate.

Now gentlemen, there is opposition in the profession to our Venereal Control bills, because some doctors do not want to assume the responsibility of certifying "to their belief" in the applicants' good health, and also for the delaying of a marriage in an infected individual. They say it is often impossible to know whether the individual is

infected or not. This is true, but in the vast majority of cases it is possible to know, and at all times the physician, according to the law, is only required to do his best. He certifies "to the best of his knowledge and belief." Physicians who are too timid to take responsibility should have nothing to do with public affairs. You must remember that lack of support to these bills on the part of the profession will result in the loss of a great opportunity to strengthen our position in the eyes of the public, for every woman in the State is in favor of them. Whole-hearted support of the bills will show that the doctors are trying to do something—not for themselves—but for the public health. This is a medical problem, which the medical profession should help the State to solve. These bills may need modification, but the Medical Society of New Jersey will make the greatest mistake of its history, in my opinion, if it goes down to Trenton next year without being solidly behind a legislative solution, or attempted legislative solution of the venereal situation.

Do you know the chief reason, in my opinion, why Mrs. Van Ness, of Essex, was defeated at the last election? It was her opposition—no, not her opposition, for she denied opposing them—but her lack of support of the Venereal Control bills. The women of Essex wanted to know why she had not actively supported them, if she did not oppose them. The women now are the main factor for reform in this State and nation, and they want these bills enacted. We must pass them during the next session of the Legislature.

Rehabilitation: We began a study of the Rehabilitation Commission of the State and its activities and found that its policy was under the direction of one of the officers of the State who is not a medical man. We were not particularly interested in ousting any official from his job, but we were interested in having the State of New Jersey stamp with its approval the principle that medical men alone are capable of conducting medical policies; so we prepared an amendment making it mandatory for the director of the Rehabilitation Commission to be a physician. This amendment had a very direct and yet an ulterior motive. If the Department of Labor actively opposed our amendment to the Workmen's Compensation law, we decided to push with all might the modification of the Rehabilitation bill; if, however, there was no opposition from the Department of Labor to our Workmen's Compensation law amendment we would direct our energies to it and allow the amendment to the Rehabilitation law to take care of itself.

Legislative Activities: Our Workmen's Compensation amendment was introduced at the same time the Chamber of Commerce introduced its general revision of the same law, the medical phase of which was directly in opposition to ours. It would have required an opinion of the attorney-general or perhaps the Supreme Court to have straightened out the entanglement had both bills passed. We were confronted with a most serious proposition—here was a body (the State Chamber of Commerce committee) representing labor, insurance carriers and the State Department of Labor asking for a general modification of the law, and we, a body of medical men,

alone asking for another amendment dealing in another way with the medical phase of the law.

Our bill was introduced by Senator Fooder in the Senate, while the three compensation measures for the State Chamber of Commerce committee were introduced in the Assembly. Senator Fooder immediately reported our bill out of committee. It met with practically no opposition in the Senate. We were delighted for it looked like clear sailing, as your county societies had done the work of interviewing the legislators, who, therefore, knew that the medical men were solidly behind this amendment. When the bill reached the House, we found that "the powers" had decided that it was to be "canned." This they had gone about in the usual way, viz: They ordered it sent to a committee of the House called "the morgue," with orders that it should not be moved. This is the way the politicians play the game.

In a side room in Trenton one night, the President of the State Society, Dr. Costill, and your chairman, looked at each other with consternation and said: "We cannot deny that we have made a mess of it," for after having passed our bill through the Senate, we should have kept at it until it was in the hands of the right committee of the House.

This was the situation—the bill of the State Chamber of Commerce, containing a medical clause, had passed the Assembly and gone to the Senate, and although it dealt with the medical aspect, it was unsatisfactory to us, for it did not improve the position of the physicians of the State. Our bill, on the other hand, having passed the Senate was locked up in a committee of the House which had already passed a bill in conflict with ours, the committee having had instructions not to move the latter.

That night we decided that the first thing to do was to get our bill out of committee onto the floor of the House. Here is where the work of the county societies and the value of the political opposition to our opponents of last year began to count. We telegraphed to the prominent physicians whom we could reach in the county of the chairman of the committee who was holding the bill locked up, and requested them to tell him that we wanted the bill reported out. This chairman knew what the medical profession had done to Eldridge; he knew what had happened in Essex; he realized that **we would fight**; he knew that if he continued to lock up the bill we would call upon the whole profession to oppose him at the next election. It was amusing to see the changed attitude. Within a week we succeeded in having the bill reported. Why? Because this chairman undoubtedly said to the powers that be: "I will not stand in opposition to these men, because they will fight me."

When the bill eventually came to the Assembly not a single vote was recorded against it, although the House had previously passed a bill that dealt with the same problem in a different way. It passed the Assembly by a large vote, went to the governor and was signed. The other amendment to the Workmen's Compensation law by the State Chamber of Commerce, after passing the Assembly, went to a committee of the Senate and there died. And why was theirs locked up and

ours liberated? Because "the powers" knew the supporters of the Chamber of Commerce bill would not fight—would not fight the political machine—but, on the other hand, they knew from experience that we would fight any machine or anyone that opposed our legislation, which was simply to do justice to the profession. If you will analyze the details of the history of these two pieces of legislation you will find one of the most enlightening lessons of the session.

Failures: In considering our failures we should in reality put them down under the heading of lack of loyalty. The following defeat composes probably the most serious setback that has happened to the medical profession since the organization of the Welfare Committee.

A body of politicians of Essex county, unwilling that medical men should continue to dictate the policies of medical institutions, introduced three bills (Senate 64, 65 and 66) to remove the boards of directors, consisting of three medical men and three laymen, and place the administration of the institutions wholly in the hands of laymen. This scheme had the support of the Department of Institutions and Agencies, because it increased its authority. Although the medical men were administering the institutions with intelligence and with the view of making them efficient, the politicians wanted the jobs themselves.

The Essex County Medical Society met and went on record as absolutely against these bills and indorsed the action of the Welfare Committee; there was not one single voice in support of these bills at that meeting. Because of our opposition the original bill was modified by adding a board of medical advisors, without power, however. These three bills passed the Senate and went to the Assembly, where they were put in the custody of Mr. Hobart, who had done everything in his power, as speaker, to defeat the re-establishment of educational standards in 1921.

Dr. Frank Haussling, the president of the Essex County Medical Society, with a delegation from Essex, went to the hearing of the Assembly in opposition to the bills and stated that he represented the medical profession of Essex county, when, from the vestpocket of one of the politicians was produced a petition, signed by twenty-five medical men of the county, asking for the passage of these bills. As far as I know, not one of the signers of this petition had attended the meetings of the county society called for their discussion. The signing of that statement by the twenty-five men was a great blow, as we felt we could no longer speak for a united profession. Your committee is sorry that so many men signed, because they did not know what they were doing. Some of these men have since publicly apologized for having done it. But the committee can feel only contempt for these, if there were such, who signed with the purpose of standing in with the party organizations against their fellow practitioners.

All these bills passed the Assembly, having previously gone through the Senate. Immediately, your committee had the governor informed as to the real purpose of the bills and asked him to refuse to sign them, stating that the medical men as a whole was opposed

to them, that they were bad bills; they were drawn for political purposes. Then occurred the greatest blow that we received since our united effort—three members of the medical profession, one holding an office in the State Society, another who had held a high office in the county society, went to the governor and asked him to sign the bills. The governor, however, vetoed the bills, but they were passed over his veto.

What are we to do against such methods as these? If we are not united, if we are not doctors first, last and all the time, then we had better keep away from Trenton and let the State be run by politicians who previously ran it to the disadvantage of the profession and to the detriment of the public health and public welfare. What is the result of such actions as these?

The following is a quotation from a letter from a member of the Welfare Committee, who had worked faithfully for your interests at great personal sacrifice: "At the Assembly hearing, March 7, without warning was exploded a bombshell which was not that of the enemy, but of our own members, which dumbfounded the President of the Essex County Medical Society, who led our forces, and which was base treachery. Within our Society we face a most grave situation; our enemies chuckle over their success in breaking our front in a most spectacular way. For my part, I am done."

If we are to fight, every member should fight for our program or oppose his fellows' policy in the Society. If he opposes the policy of the profession on the floor of his county society, then he has a perfect right to go out and fight it—that is not only his privilege, but it is his duty as a citizen—having failed, however, to voice his opposition in the society, he is, at least, bound not to attack it secretly.

Aftermath of Senate 64, 65 and 66: Immediately after the bills had been passed over the governor's veto, an investigation of Soho was ordered. The Department of Institution and Agencies sent a lay investigator and a trained nurse there. And what did they investigate? Not the medical phases of the institution; not whether the patients recovered, or how many cases of diphtheria or scarlet fever were cured. They investigated the condition of linens and small things of similar importance. They made no report whatever on the medical care of the patients in the hospital, yet Dr. Ricketts was dismissed, after giving fifteen years of his life to public medical service.

Essex county adopted the following resolution:

Whereas, Twenty-five members of this society signed a statement, for publication and use by those who were antagonizing our legislative program, which statement directly opposed the stand already taken by the society, after thorough discussion in society meetings, and bulletins to its members on actions taken and the reasons therefor; it is hereby

Resolved, That we stamp with emphatic condemnation such conduct as unworthy of members of a profession which is based on altruism and organized for common good, not for exploiting individual views or work.

Be it understood that liberty of individual

opinion is not questioned; merit in specific measures is not concerned; rights of minorities are to be jealously guarded.

But, when society action has been taken, it behooves any member to so inform himself and—on public matters—to not act adversely, unless he had taken opportunities during discussion at society meetings to announce objections and take stand accordingly.

Resolved, further, That this be entered in the minutes as cardinal principle of the Essex County Medical Society and a copy be sent to every member.

Meetings of the Committee: From September until the end of the Legislature a meeting was held weekly. A member or members of the committee were in Trenton every Monday night; our executive secretary attended the entire session. This is the only way to have work done. Since the close of the Legislature, the work of your committee has been to have the doctors prepared to see that the medical law now coming into effect will be properly interpreted and administered.

Financial Statement: We have expended \$4,852.68:

Multigraphing, printing, postage, copying, mineographing, etc.....	\$1,500.98
Telephone and Telegraph service....	169.35
Clerical services	507.63
Legal services	125.00
Salary paid to executive secretary...	2,350.00
Expenses incurred by executive secretary	199.72

Total\$4,852.68

The detailed statement is open to every member for examination. This amount is larger than last year. As you know, last year the committee paid much of the expense out of its own pockets, and more was really done than this year. But we did not feel that we should do the clerical work ourselves. At least an equal amount must be appropriated for next year in order that the work may be properly continued.

Your committee continued the policy of last year—every member paying his own expenses. We met at 12 o'clock and had luncheon together. At this time, I wish to acknowledge the receipt of \$50 from Dr. Louis Weiss, of Newark, as a contribution toward the work of the Welfare Committee. We felt that this contribution might be applied toward the expense of the luncheons. We ate it up.

The Future: The work of two years has met with conspicuous success, but if we desire to accomplish anything in the future, activities must be kept up. We must go down to the Legislature next year prepared, not necessarily with bills, but with a policy that is to be decided upon at this meeting of the State Society. It must be a definite policy—to study the health situation, to study the Workmen's Compensation act and to modify it, if desirable, to protect the interests of the doctors against attack, to be instrumental in putting medical men in public office where medical matters are to be administered, so that the State can be benefited.

In regard to the operation of the present Workmen's Compensation law pertaining to physicians, my suggestion would be, that, as there seems to be confusion and misunderstanding regarding the reasonableness of fees

and other medical questions, five commissions should be appointed to adjudicate all medical fees, each commission consisting of three medical men, one representing the employers, one the Department of Labor and the third the profession of the district, the latter to have no affiliation with any insurance company or employer. This is in line with our principle "Medical Men for Health Problems."

(Signed)

WELLS P. EAGLETON, Chairman.

Third Scientific Meeting.—Page 302 Journal, add after Dr. Landis' oration.

Dr. C. H. DeT. Shivers, of Atlantic City, read a paper on "The Modern Diagnosis and Treatment of Gonorrhea in the Male."

Dr. Thomas A. Dingman, of Paterson, read a paper on "Treatment of Fractures of the Shaft of the Femur, With Presentation of a New Splint." Discussed by Drs. Morrill, of Paterson, and McCrea, of Camden.

Page 303, at the end of the first column, add:

There being no other nominations, on motion the Secretary was ordered, by unanimous vote, to cast a ballot for the election of all the officers and committees nominated, except that of Dr. McCoy, for Councilor of the Second District, he having declined to serve. The Secretary having cast such ballot, the President declared the nominees elected. The selection of Atlantic City as the place for the next annual meeting was, on motion, approved.

A change in the bylaws having combined the Committee of Arrangements and the Committee on Program into one committee, the Nominating Committee was directed to nominate, at a subsequent session, the members of that committee, a Councilor for the Second District and the five additional Trustees required by the amendment to the bylaws. (See pages 305 and 306).

Add on page 303 the following:

Fourth Scientific Session, Thursday afternoon.

Dr. Alfred Cramer, Jr., Camden, read a paper entitled "Concerning Headaches: This Symptom As an Aid to Diagnosis." It was discussed by Drs. T. B. Lee and H. I. Goldstein, of Camden.

R. B. FitzRandolph, Ph. D., Trenton, read a paper on "Public Health Administration in New Jersey." It was discussed by Dr. Henry Spencer, of Jersey City.

Hospital Notes.

Dover General Hospital.—The hook and ladder company of Dover presented this hospital with \$500 last month in recognition of valuable services rendered to its members and constantly to the people of the town.

Hackensack Hospital.—Superintendent Mary J. Stone, R. N., makes the following report for September: patients admitted, 226; patients discharged, 245; operations, 75; deliveries, 28; deaths, 10, ambulance cases, 44; dispensary cases, 192; X-rays, 204; radium cases, 6.

Salem County Memorial Hospital.—Dr. W. H. James reports for September as follows: Admissions, 48; discharges, 52; deaths, 2; births, 9; ambulance calls, 14; patients treated at clinics, 24; accidents, 24; operations, 29; x-ray cases, 26.

Marriage.

JOHNSON—SMITH.—In New Brunswick, N. J., October 21, 1922, Dr. Frank C. Johnson to Miss Frances Adele M. Smith, daughter of Dr. Arthur L. Smith, both of New Brunswick.

Deaths.

FIELD.—At Red Bank, N. J., October 27, 1922, Dr. Edwin Field, of that city, aged seventy-three years. Dr. Field was one of the ablest Monmouth county surgeons. Further notice will be given next month.

FITZRANDOLPH.—In Trenton, N. J., October 22, 1922, Raymond B. FitzRandolph, Ph. D., assistant director of the State Department of Health, after an illness of five weeks, from heart disease. Dr. FitzRandolph was born in Philadelphia February 7, 1872. After attending the public school he was a pupil for two years in the Montclair High School. He was then honor man of his class, when he graduated from Lehigh University. Later he was instructor of chemistry in the United States Naval Laboratory, and for two years bacteriologist for the Brooklyn Department of Health. For three years he was assistant bacteriologist at the Hoagland Laboratory, Brooklyn, and instructor of analytical chemistry at the Long Island Medical College. He went to Trenton as director of the State Laboratory of Hygiene. He was a member of the Public Health Association, the New Jersey Sanitary Association, the Royal Microscopical Association, the Chemistry Society and the Society of Industrial Chemists.

IN MEMORIAM.

Morris Leroy Potts, M. D., Lieutenant-Colonel, Medical Corps, U. S. A., 1884-1922.

Of sturdy ancestry and endowed with a spirit of courage and ability to face adversity, it may be said that the life of Dr. Potts was one of consistent achievement.

He received his early education in the schools of Trenton and later attended the George School, at Newtown, Pa., finishing his preliminary training at the Rand Preparatory Institute of his native city.

After industrial occupation in a large manufacturing plant during the next succeeding five years, he entered Jefferson Medical College, from which institution he was graduated with credit in 1911.

He at once began an internship of two years in St. Joseph's Hospital, Philadelphia, upon the completion of which he located in Trenton, where, by assiduous and conscientious devotion to his calling, he soon maintained a position of prominence in the community and in his profession.

On April 24, 1917, he entered the United States army, with the rank of first lieutenant, and was honorably discharged from the military service July 31, 1919, ranking as lieutenant-colonel.

He served at Camp Dix, Fort Oglethorpe and later overseas, from June 4, 1918, to July 12, 1919, with the 308th Field Artillery and the 309th Infantry of the 78th Division.

He participated at the front in the offensives at St. Mihiel and the Argonne, and served with distinction in both those engagements.

Dr. Potts was a man of unusual physical strength and mental vigor, possessing withal a heart generous and sympathetic toward all who came under his care.

He died suddenly of heart failure on the afternoon of July 7, 1922, and was buried with full military honors in Ewing Cemetery July 11, 1922.

Drs. Clark, Hutchinson, Reddan,
Committee.

Personal Notes.

Dr. W. Leslie Cornwell and Carl C. Lyons, Bridgeton, were elected president and treasurer respectively of the newly organized Kiwanis Club of that city.

Dr. Henry H. Davis, Camden, was elected a member of the Island Heights Yacht Club executive committee recently.

Dr. Thomas W. Harvey, Orange, and wife quietly celebrated their fortieth wedding anniversary October 3rd.

Dr. George H. Lathrope, Morristown, spent a few days last month in Maine, hunting and fishing.

Dr. G. Rae Lewis, Belleville, and wife recently returned from a stay in the Adirondacks.

Dr. Browne Morgan, Bloomfield, and family spent a few days at Annandale in October.

Dr. F. Irvin Krauss, Chatham, will sail October 14 for England and Germany. He expects to return about December 1.

Dr. William J. Runyon, Bloomfield and wife returned last month from an automobile trip to New York and Massachusetts.

Dr. Mefford Runyon, South Orange, and wife returned last month from their summer home at Edgewater, Mass.

Dr. William S. Voorhees, Jr., of Garfield, a graduate of the University of Vermont, will practice medicine at Franklin Park, succeeding Dr. J. C. Dunn, killed recently by an auto.

Dr. Harris Day, Ogdensburg, will move to Branchville, December 1.

Dr. Adeline M. Francis, Somerville, spent a week last month in Camden.

Drs. Edward Guion and Samuel Salasin, Atlantic City, were appointed delegates to the American Public Health Association meeting at Cleveland.

Dr. Henry Wallace, Glen Ridge, recently left for Europe, for a year's study and travel. Mrs. Wallace and daughter are with him.

Dr. John H. Moore, Bridgeton, president of the Board of Education of that city, gave an excellent address on "The Aims and Aspirations of the Public Schools" at the laying of the cornerstone of the new high school there recently. It was published in the Evening News of October 20.

Dr. Alexander MacAlister, Camden, has donated a rare portrait of Walt Whitman to the old Whitman home in Camden.

Dr. Henry C. Pierson, Roselle, recently returned from an auto trip to Portland, Maine.

Dr. Clarence M. Stack, Belmar, and his wife are spending the winter in St. Petersburg, Florida.

Dr. John J. Mooney, Jersey City, addressed the American Hospital Association meeting at Atlantic City September 25.

Dr. George H. Sexsmith, Bayonne, spent his summer at Cape Cod, catching cod fish for his winter's supply. "It also said he shot a golf while out there."

Dr. W. Blair Stewart, Atlantic City, and wife, recently returned from a two weeks' visit in Pennsylvania towns. Mrs. Stewart spent some time with friends in Pottstown, and joined the doctor in Carlisle, where they enjoyed a visit with other friends. Then the doctor had a few days' fishing in the Cumberland Valley.

Drs. F. M. Hoffman and L. P. Runyon, New Brunswick, and F. E. Riva, Milltown, attended post-operative courses of study in the College of Surgeons in Boston last month.

Dr. Fred H. Albee, Colonia, opened the discussion on bone graft surgery at the Medical and Surgical Congress of France, held in France last month. The doctor, on the trip homeward, operated successfully for appendicitis on a woman missionary returning from twenty-nine years' service in the lower Congo, who was also a passenger, after holding consultation with the ship's surgeon.

Dr. Bart M. James, Bernardsville, took a duck hunting trip to Great Bay last month.

Dr. Arthur R. Casilli, Newark, of the Newark City Hospital, is now in charge of serological and pathological examinations of the clinical laboratory.

Public Health Items.

Diphtheria in Burlington.—Two local public schools were closed in Burlington for a week last month, owing to a serious outbreak of diphtheria there.

Newark Health Report.—There were 340 deaths in the month of July. The death rate was 9.7 per 1,000 of population. The principal cause of death was: Tuberculosis, 22 cases; cancer, 23; organic heart disease, 32; pneumonia, 21; Bright's disease, 26; diarrheal disease, under five years, 32. There were reported 925 births.

Newark Board of Health.—The report for August shows 337 deaths occurred or a death-rate of 9.4 per 1,000 of population. The principal causes of death were: Diphtheria, 4; tuberculosis, 20; pneumonia 15; cancer, 34; Bright's disease, 22; organic heart disease, 34; apoplexy, 21; diarrheal diseases, under five years, 41. Total number of births, 956; illegitimate, 15. Cases of venereal diseases treated: Syphilis, 513; gonorrhea, 313; chancre, 1.

State Department of Health.—The Bureau of Vital Statistics gives the following mortality report for July: 2,890 deaths were reported. There were 443 deaths among children under one year of age, 169 deaths of children over one year and under five years of age and 972 deaths among persons aged sixty years and over. The following were among the principal causes of deaths: Measles, 21; diphtheria, 28; tuberculosis, 240; cancer, 248; pneumonia, 49; infantile diarrhea, 166; Bright's disease, 216; diseases of the nervous system, 311. The report for August shows: 3,032 deaths, 518 of which were of children under one year of age, 157 over one and under five years of age and 1,011 deaths of persons aged sixty years and over. The death-rate for the month is 10.39, as compared with 9.93 for the previous month. The principal causes of death were: Diphtheria, 28; tuberculosis, 231; cancer, 273; pneumonia, 56; infantile diarrhea, 222; Bright's disease, 250; diseases of nervous system, 301. The Bureau of Venereal Disease Control reports for the month of July, from sixteen clinics' reports, 593 cases of gonorrhea; 1,398 cases of syphilis, and 9 cases of chancre treated.

Child Care in Rural Communities.—In a report just issued by the United States Department of Labor, through the Children's Bureau, entitled "County Organization for Child Care and Protection," the most recent administrative advances in the local care of dependent, infective and delinquent children are described. It is stated that care for these children by local boards of citizens, employing trained workers and aided by State boards, is gaining approval in an increasing number of States. The greatest difficulty about these organizations is securing executives trained for such work, it is stated. State universities, now, however, are preparing students to return to their home communities and take up this career, and State boards make possible the interchange of experience through conferences, publications and other means.

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CONCERNING HEADACHES; THIS SYMPTOM AS AN AID TO DIAGNOSIS*

By Alfred Cramer, Jr., M. D.

Camden, N. J.

The subject of this paper was suggested to the writer, because as an oculist he is constantly examining patients whose predominant complaint is headache. The practitioner of medicine must find that few symptoms are of greater importance and more largely tax his diagnostic ability than headaches. Few people escape having headaches. Many have constantly recurring headaches. In both cases, not only is there great discomfort, but in the latter class particularly there is considerable economic inefficiency. He must have a general idea of all kinds of headaches in order to decide whether he shall treat the case or whether to refer it for special treatment.

The doctor would decide to treat a bilious headache, or one appearing at the onset of an acute disease, but many headaches can only be cured by mechanical or operative means; such as ocular headaches, nasal headaches, brain tumor, etc. It must be clearly understood that a headache is merely a symptom of some underlying abnormal state of health. In too many instances headaches are treated as a disease, and no effort is made to discover the underlying cause. The patient is chiefly interested in the relief of the pain, and unless there is an immediate recurrence of the headache the physician has no further opportunity of studying the case.

Careful questioning will often decide to what class a particular headache belongs. Questions should be asked concerning the location of the pain, its frequency, whether it is relieved by rest, whether it is associated with the menstrual period or menopause, or with constipation. Answers to such questions will frequently diagnose simple cases. More complicated headaches may require the services of an oculist, rhinologist, aurist, gynecologist, neurologist or other specialists.

The ocular element in all forms of headache is larger than is generally supposed; it is estimated that 40 per cent. of general headaches and 75 per cent. of bi-lateral frontal headaches is ocular in origin. In general, uni-lateral, supra-orbital headaches, or a hemicrania of any kind is not commonly due to eye strain. A headache, when due to the eyes, is either supra-orbital, retro-bulbar, frontal, occipital or temporal. The exciting cause of an ocular headache is using the eyes in some form of close work, where there is weak accommodation or a refractive error. Patients with a refractive error or muscular anomalies may also suffer from headaches when using their eyes for distant vision. This occurs while riding in trains, or on shopping expeditions, or after an evening at the theatre. Pain in such instances results from an irritation of the nucleus of the third nerve, as well as the centre for the fifth nerve. The pain does not always follow immediately upon excessive use of the eyes; it may not occur until the next day or even until the end of the week (cumulative or "Sunday" headaches).

Patients suffering with ocular headaches complain that the headaches follow any prolonged close use of the eyes.

*Read at the 153d Annual Meeting of the Medical Society of New Jersey at Spring Lake, June 22, 1922.

It is usually associated with the eyes, for there is blurring of print and ocular tire. In chronic cases there will be conjunctival and eyelid signs. Such cases may not be immediately relieved by glasses. Rest of the eyes usually brings relief. An examination of the eye grounds will often show that the headache is not ocular, but is due either to a disease of some neighboring or even some remote organ. The oculist may find that there is no refractive error; in a negative way this simplifies further diagnosis.

Patients complaining of headaches believed to be ocular should have their eyes tested for glasses by an ophthalmologist, and should also have their field and vision taken, when in doubt. In the opinion of the writer, it requires eye strain plus some unusual physical state of health to bring about headaches of a severe ocular form. The following case well illustrates one form of ocular headache:

Miss E. C. M., age twenty-seven, unmarried; bookkeeper; began to wear glasses in 1895 for severe headaches, after close use of the eyes. Glasses were changed in 1899, because of headaches. At first examination, in 1905, complained that headaches had returned during the last six weeks. Severe pain was felt in temples and in eyeballs. Attacks occurred two to three times weekly, often accompanied by nausea and vomiting. Two attacks temporary obscuration of vision. Glasses prescribed at this time were twice as strong as previously worn. Vision was normal without glasses. Her headaches have recurred about every five years since, necessitating a stronger glass each time. Last change was made June, 1922, but for a different reason; she is now forty-four years old and is presbyopic, i. e., needs separate glass for reading and sewing. Complains of severe vertical and occipital headaches, radiating to temples after close use of eyes. She declares that change of glasses always relieved the headaches. There are two interesting points about this case; abnormally strong accommodation; homatropin never gave complete paralysis of the ciliary muscles. As this muscle weakened from natural causes year by year, causing eventually the return of the headaches, stronger and stronger lenses could be worn. The second interesting point was an underlying physical condi-

tion, as shown by albumen in the urine, considerable indigestion and a neurotic tendency.

Pathologic conditions in the nasopharynx, in addition to causing secondary eye trouble, are frequently the cause of very severe recurring attacks of headache. Acquired or structural irregularities in the nose do not often cause a headache, but at times headache is produced by a high deflection pressing against the middle turbinate or a bilateral thickening encroaching on both cribiform slits. Swelling of these parts result in impaired breathing. Pain caused by an enlarged turbinate is in the intra-nasal portion of the nasal nerve, a branch of the ophthalmic division of the fifth nerve. The pain is referred to the tentorium, to the forehead and vertex. Nasal obstruction from adenoids and nasal polypi, or growths from the sinuses also cause a headache from pressure or impaired breathing. Acute and chronic sinusitis is quite common and produces severe pain in the head. Involvement of the frontal sinus is suggested by severe frontal headaches, and it is apt to be worse in the morning and increased by stooping. Tenderness in the upper and inner orbital walls associated with headaches following reading, etc., is spoken of as Ewing's sign. This sign may be due to a vacuum in this sinus. Supra-orbital neuralgia is nearly always due to this cause.

Headache due to suppuration in the antrum of Hymore is probably due to absorption of toxins. Ethmoidal disease causes pain over the bridge of the nose and about the orbit. Because of its close association with the sphenopalatine canal, almost any type of pain is possible along the course of the fifth nerve. Sphenoidal disease causes persistent pain in the vertex, a deep pain between the eyes or in the occipital region. When these types of sinusitis are well advanced and pronounced, a direct examination will often show a discharge of muco-purulent secretion from the openings in the sinuses. An x-ray examination also gives valuable assistance at times. Very persistent headache often accompanies these conditions, when through lack of discharge or inability to detect that there is an involvement of a sinus, nothing has been done to remove the underlying cause. The following case is illustrative:

Mr. R. H., age thirty; clerk; first examined in 1908. Complained of severe headache since ten years of age. For the past two months has had sick headaches two or three times a week. Was given glasses four years previously, without relieving the headaches. Eye grounds were apparently normal. He had practically normal vision without glasses, and accepted very weak compound myopic lenses. He was advised that his headaches were probably not ocular, and because of frequent colds and some difficulty in breathing; he was told to have his nose examined. This proved negative. Headaches in this instance continued with frequency, until after suffering five years, an increase of the symptoms located the trouble in the frontal sinus. Treatment of this sinus entirely relieved the headaches.

According to Israel Bram, headache from uterine disease is usually located about the cerebellar area, sometimes over the vertex. This is sharp and radiating in character. Headaches occurring during the menstrual period are usually quite diagnostic. They occur for the most part just before the flow and are often intractable, and make the life of the patient quite wretched. A theory which best accounts for the headache at this time seems to be that of swelling of the hypophysis. As a rule, menstruation headaches are relieved when the flow appears.

A rheumatic headache is never frontal nor vertical alone. It is especially occipital or sub-occipital, radiating often to the vertex, the frontal or temporal region. It is usually accompanied by rheumatic joints. Meningitis produces a most agonizing headache, and is readily diagnosed. Brain tumor will show a gradual march of symptoms and signs, and can be excluded by examination, though this may not be easy at first, as is well shown in the following case:

Mr. W. L. B., age twenty-five, lawyer. First seen in 1912; had always suffered with severe occipital headaches; was tested for glasses in 1908, and told he did not need them. An examination of his eye grounds showed marked choking of the discs with hemorrhages. Was seen by a neurologist at this time, who was unable to give a definite diagnosis for some time. Headaches, however, were considerably relieved by injections of salicylate of mercury, though his

vision progressively failed. Patient died four years later with tumor of the brain.

"Every case of migraine is a case of headache; but not every headache is a migraine." The chief cause of migraine is hereditary predisposition, hence the cure of this condition is not only difficult, but at times impossible. It is characterized by one-sided pain in the head, is apt to be more severe than an ordinary headache, and goes through regular stages preceded by aura of various kinds. There are several different types of migraine, but ophthalmic migraine is the most frequent in which the ophthalmic branch of the fifth nerve is affected. Refractive errors do not seem to play an important role in the production of migraine. Its diagnosis is not difficult, but it must be distinguished from cerebral tumor, aneurism of the cerebral arteries and uremia.

There are many other causes of headaches, such as anemia, active and passive hyperemia, syphilis, autogenous and exogenous poisons, uremia, arteriosclerosis, etc. Headache due to these causes are relatively not so common, and the diagnosis can be reached through exclusion and elimination. It is probable that many different structures are involved in the production of headache. The brain itself is insensitive, while the meninges are highly sensitive to pain. Hyperemia, pressure of a neoplasm thickening of the cranial bones, may induce pain referred to the meninges. On the other hand, many headaches are caused by pressure on the nerves and blood vessels, as they emerge through the holes in the aponeurosis of the occipito-frontalis muscle. The prognosis and treatment of headaches depend entirely upon the cause and whether the cause can be removed. Frequently the cause cannot be discovered, and treatment for the relief of the pain is all that can be done.

In many instances the "cause of the cause" must also be investigated. Block reports a case where "headache was caused by abductor weakness: this was due to anemia, which in turn was due to a mild tuberculosis; the headache and eye trouble disappeared after improvement in the general health."

In conclusion, the writer wishes to strongly emphasize the theme which animated him throughout the production of this paper, i. e., that headache is a symptom.

tom, and that headache powders do not suffice; that the discovery and cure of the underlying condition or disease not only will relieve intolerable suffering, but the general health and efficiency of the sufferer thereby will be vastly improved.

DISCUSSION

Dr. Thomas B. Lee, Camden: The doctor has gone into this matter very thoroughly. While a great many headaches come to the gynecologist for treatment, very few of them are gynecological. Dr. Cramer touched on about the only two classes of headaches that are caused by gynecological troubles, per se: Those of the menstrual period, which are probably endocrine in causation, and true toxic headaches, which result from infective processes in the pelvis, apparently due to chronic infections in the cervix. The old idea, exhibited in textbook pictures of certain areas of head pains being due to trouble in the uterus and adnexa, is absolutely untenable, and cannot be reconciled with what we know of physiology and anatomy. These are the only two classes of headaches that, to my mind, are gynecological in character.

Dr. Hyman I. Goldstein, Camden: The mere fact that headache is such a prevalent symptom in the cases that come to our office shows that there are many causes for it. The fact that the patient says that he has headache does not mean that when you reach a diagnosis that the diagnosed condition is the cause of the headache. Even if a female patient, for instance, says that she has headache and you diagnose a pelvic condition, this does not necessarily mean that the pelvic condition is the cause of her headache. Therefore, it takes considerable courage to classify headaches under different causes, and say that of your cases 500, or any other number that was treated, that so many were due to this cause, and that another 100 were not. In other words, if a lady says that she gets headache and at a certain time of the month she has a particularly severe one, really a pituitary headache, and you find hypertension, one cannot say that the headache was due to hypertension, and stretch your imagination to say that it was a hypertensive cardiac condition without nephritis. While we are capable of making, and all too willing to make the positive diagnosis that a patient has hypertensive cardiovascular disease, it is certainly a delicate problem to say that even 25 per cent. of the cases are due to that condition. At least 50 per cent. must have had renal pathology. Just as Dr. John G. Clark, of Philadelphia, said: "Females are constipated bipeds," so we can speak of business men as cephalalgic business bipeds, even in spite of the fact that there is albumin in the urine and some kidney involvement, the cephalalgia may not be due to renal pathology. We sometimes have bone disease, disease of the skull, sinusitis and other conditions that give rise to headache. We have certain cases of oostetis deformans (Paget's disease), which, until they reach the deforming stage, cause the patients to complain of nothing but headache. I had a man in the

Philadelphia General Hospital, who for years complained of headache and dizziness. Had a doctor found a little albumin in the urine, that might have been classified under "kidney headache." It was, for a time, and after a while we found such cases coming to autopsy, and discovered that some sections of the skull were much thicker than others. Because a patient comes with the complaint of headache at the time of the menstrual period, for instance, and you make a diagnosis of hypertension, after scientific study, it does not mean that the headache is due to that condition.

PUBLIC HEALTH ADMINISTRATION IN NEW JERSEY*

By R. B. Fitz-Randolph, Ph. D.

Assistant Director New Jersey State Department of Health.

Our system of local public health administration in New Jersey has outlived its usefulness in many portions of the State, and a radical change is needed if we are to keep abreast of the times. New Jersey was one of the first States in the union to provide for a comprehensive system of public health administration. This system, which was established thirty-five years ago, and which was adequate for the needs of the State at that time, is now outgrown and inefficient.

In 1887 the Legislature provided that there should be a local board of health in every city, borough, town and other municipal government. In incorporated municipalities the boards are appointed either by the mayor or town council. In cities and towns under commission government, the commissioners may or may not act as the board of health; in most instances they do. In townships the local board consists of the members of the township committee, the assessor and one physician appointed by the township committee. There are 520 municipalities in the State, of which 213 have less than 5,000 population, and 238 have less than 10,000, leaving only 39 with a population of over 10,000 and only 29 with a population of 15,000 or more. In the small municipal divisions little or no public health work is done. Conditions are at their worst in the townships. The township committee, which constitutes a majority of the board of health, is an elective body, the members of which are politicians, se-

*Read at the 156th annual meeting of the Medical Society of New Jersey at Spring Lake, June 23, 1922.

lected to regulate the financial affairs of the township, and their activities as members of the board of health are of secondary importance. Members of township committees are constantly changing, so that there is little or no stability in the constitution of the board. The funds provided for public health purposes in townships are almost always utterly inadequate for the employment of trained health officials, and no such officials are employed. Consequently, with rare exceptions, there is no one connected with the township board of health, either as a member or employe, who is trained in sanitary science or public health administration. When emergencies arise they are handled improperly or not at all, nor is the routine work of the local board carried on satisfactorily. The efforts of the township board are usually limited to the occasional abatement of a nuisance and to posting a placard now and then, when a case of communicable disease occurs; and the funds appropriated are used for the most part in paying members for attendance at meetings, which are unproductive of results.

In small incorporated municipalities the situation is not much better. Here the board is likely to be more stable, as the members are appointed and not elected, and they serve without pay; the funds available for public health purposes are so meager that a trained personnel cannot be employed and no satisfactory public health administration can be had. It is the practice in most townships and other small municipalities to employ a part-time inspector, who knows little or nothing about modern public health activities, and whose compensation ranges from \$25 a year to \$300 or more. Service of this kind can never be adequate. This is not intended to be a criticism of the persons performing the service, but of the system which results in their employment. I am personally acquainted with many of these rural inspectors and know them to be honest and conscientious in their endeavors to do what they conceive to be their duty. Most of them have neither the time nor the knowledge necessary to enable them to do their work satisfactorily. Long experience in this State, as well as elsewhere, has demonstrated beyond question that modern public health work cannot be carried on by amateurs; it

must be done by persons who have had special training and who possess special fitness.

The group of municipalities constituting Bergen County is perhaps the best example of the inadequacy of our present plan of public health administration. Bergen County has a population of nearly 211,000. In it are 66 municipalities, the largest of which, Garfield, has a population of 19,381. Only two other cities, Hackensack and Englewood, have populations of over 10,000, and the smallest has a population of 24. This leaves 63 places with a population of less than 10,000, and 53 with a population of less than 5,000. It is impossible to provide adequate public health administration in a section with such small political divisions if each municipality is expected to maintain its own independent organization. Township boards and the boards of small incorporated municipalities do not spend much money per capita, but in the aggregate the sums appropriated for public health purposes in these municipalities are considerable. In 1921 there was spent for public health purposes in 468 townships and incorporated municipalities having an aggregate population of 1,005,697, and individual populations of less than 10,000, the sum of \$155,000, which amounts to 15c. per capita. Most of this money was wasted. In 44 municipalities having populations of over 10,000 each and an aggregate population of 2,145,196 there was spent \$946,074, which is equivalent to about 44c. per capita. While it is quite probable that not all of this money was judiciously spent, not nearly so great a proportion was wasted as in the smaller municipalities, as the organization of health departments in this group of municipalities is much more satisfactory.

What should we expect in the way of local public health administration? How much service by public health officials have our citizens a right to demand? What minimum standards for such service should be set up? It seems to me that it is not too much to expect that every local public health authority should have an adequate organization and sufficient funds to enforce the State laws relating to public health, the provisions of the State sanitary code and the requirements of its own local ordinances. This is obviously what the Legislature

intended it should do. It also seems proper to expect State and local health authorities to engage actively and continuously in the dissemination of knowledge, so that the people of the State will be well-informed regarding matters of public and personal hygiene, in order that they may know how to so regulate their conduct and habits that they may protect themselves against the carelessness and indiscretions of others, and keep themselves, so far as is possible, in good health. This responsibility for the dissemination of information is shared, to a very considerable extent, by the State Department of Health and by the medical practitioner, who has an unequalled opportunity, in his capacity as family physician, to teach personal hygiene.

It is obvious, if these things are to be done, someone who knows how must do them, and must be paid to do them. This means that at the head of every local health organization there must be a full-time health officer well trained in sanitary science and in public health administration. In order that he may utilize his time to the best advantage he should be provided with sufficient clerical help, so that he will not have to engage in purely routine or clerical duties; and he should also be supplied with the services of one or more inspectors or nurses who can carry on the simpler and more routine portions of the field work. Such an organization, consisting of health officer, clerk and inspector or nurse is the very smallest which can be expected to function efficiently. It can be expanded to any extent, but it cannot be further contracted without greatly impairing its usefulness. The cost per annum of maintaining such an organization will be about \$6 000. In a thickly settled community of small area, where transportation is not expensive, the maintenance of this unit would probably cost somewhat less. In a very thinly settled community it would cost more. It may be well to point out at this time that public health administration costs more per capita in the rural sections than in cities and towns, just as the cost of operating public schools is greater in the country. The cost of transportation and the loss of time in getting from place to place makes it impossible to work as economically in the rural districts as in thickly settled communities of small area.

It is obvious that most of the townships in the State and most of the smaller incorporated municipalities cannot support such an organization as this. A township with a population of 1,000 attempting to do so would have to expend \$6 per capita per annum, which is much in excess of what is believed to be reasonable. The cost of local public health administration per capita in this State varies from nothing in some of the townships to over \$1 in one or two municipalities, but it averages considerably less than 50c.; in 1920 it was about 35c. This figure is believed to be too low to provide for satisfactory service, but in these times when expenditures along all lines are being cut down, no plan for remodeling public health administration in the State which involves large additional costs would have any chance of adoption. I am of the opinion that reasonably efficient administration can be brought about in most sections of the State under a properly prepared program for from 50c. to 60c. per capita per annum. This sum will be sufficient to cover only statutory essentials and will leave little or nothing for the more or less paternalistic activities in which certain local boards of health are endeavoring to engage, and which are popular with some groups of our citizens. I do not intend to discuss the advisability of paternalistic activities on the part of boards of health, because, before these are undertaken, the statutory duties should certainly be provided for.

The problem which confronts us, therefore, is obvious. Most municipalities in the State, by reason of the smallness of their populations, cannot afford to maintain an adequate public health organization. The solution of this problem is equally obvious. The population groups to be served by such an organization should be made large enough to support it. If we assume that a minimum organization will cost approximately \$6 000 per annum, and that a really satisfactory one which provides for two or three nurses instead of one, will cost from \$8,000 to \$10,000 per annum, and that it is feasible to require the expenditure of 50c. per capita, then the population group to be served by such an organization will vary from 12,000 to 20,000 people.

I do not believe that it would be advantageous to combine existing municipalities into population groups much

larger than this. Experience in this State has shown that the most efficient local health organizations are in places having populations between 20,000 and 50,000. The work in these places seems to be closer to the people and more responsive to their needs and wishes than in the larger cities, and there is much less political interference.

It has been argued in some quarters that the county is a suitable unit for public health work, that local boards in all, except the larger municipalities, should be abolished and their functions taken over by a county board. A county unit may be feasible in the rural States of the south and middle west, where counties have small populations, and where county government has been more highly developed than in New Jersey. In this State the counties vary so greatly in population, area and in the distribution of population that the county plan hardly seems feasible. At one extreme we have Ocean County, with an area of 750 square miles, a population of 22,000, and the largest municipality, Lakewood Township, with a population of 6,110. At the other is Hudson County, with an area of but sixty square miles, one-quarter of which is water, and having a population of 630,000, which is almost entirely urban in character. While it might be quite feasible to make a health district of Ocean County, there can be no possible excuse for consolidating health activities in Jersey City, Hoboken, Bayonne and the other large municipalities in Hudson County until the municipalities themselves are consolidated. The only real advantage in making health districts coincident with counties lies in the fact that in the county we have an already existing political division governed by a body which can appropriate funds and which, in this State, with the exception of Hudson County, has not been utilized for this purpose. The advantage of the county, as an already existing political division, is more than offset by the danger of political interference, which would certainly result if the county were called upon to provide funds for a public health organization. Public health work, if it is to be successful, must be kept free from the demoralizing influences of partisan politics, and it hardly seems possible to keep any county matters free from poli-

tics. Our system of county government is not suited to public health needs.

The county, therefore, not being available as a public health unit, it remains to provide a plan for bringing about the consolidation of small municipalities and townships into districts of suitable size. This is not the time nor place to go into all the details regarding such a plan. I am merely suggesting at this time an outline, as follows:

1. All incorporated municipalities having a population of 15,000 or more should be regarded as health districts.

2. Any incorporated municipality having a population of less than 15,000 may constitute a health district if the municipal authorities will oblige themselves to support a minimum public health unit, such as has been described above.

3. All other incorporated municipalities and townships should be grouped into districts, each district having a population of not less than 15,000 nor more than 30,000.

4. Each district should have district board of health, consisting of one or more members from each of the political divisions in the district, to be appointed by the respective governing bodies.

5. The members of the district board should serve without pay. The board should have the power to appoint employees in their district, subject to requirements of law. The board should also be empowered to adopt ordinances and make rules and regulations concerning matters relating to public health, and it should be empowered to hear appeals from the decision of the health officer, but should have no executive or administrative functions.

6. Each district should be required to support at least a minimum public health unit.

7. Inasmuch as stability is essential to the success of a public health organization, the appointment of local public health employees should be subject to the Civil Service law, and they should hold office during good behavior.

8. Funds for the support of the district unit should be contributed by the various municipalities in proportion to their ratables, and an adequate minimum sum per capita should be fixed by law in order that sufficient funds will be assured.

9. Provision should be made by law for adequate supervision of the activities of the district health units by the State director of health in order to make it possible for him to compel local officials to do their duty. The procedure for exercising this power should be simple, direct and swift. The present method is so slow and cumbersome that it is practically unworkable.

It has been suggested that the State contribute a portion of the cost of maintaining local health administration. This plan has been adopted in Ohio, Virginia, North Carolina and certain other States. It is argued by those in favor of this scheme that sanitary conditions in every municipality concern the entire State, that epidemics are no respectors of political boundaries and that a State subsidy, even if comparatively small, which may be withheld if the local officials are not efficient, is a most potent weapon in the hands of the State authorities to compel efficiency. A plan somewhat resembling this is now in operation in this State in connection with the public school system. There is a certain merit in these arguments; this insidious form of bribery has been freely used by the Federal government and has proven most effective in initiating public health and various other projects. I doubt its ultimate wisdom. It tends in a measure to pauperize municipalities, making them still more dependent on the State government and more reluctant than they now are to assume their rightful responsibilities. With the financial stringency which now confronts the State it would be impossible to get the Legislature to assent to such a plan.

We have considered up to this point local health administration only. The State has its part to play also, and any successful plan for public health administration must provide for a proper distribution of duties between the State and municipal or district units, and a sufficient degree of supervision by the State to insure reasonably uniform and efficient enforcement of laws and ordinances. There are certain public health functions which properly belong to the State Department of Health, and these for the most part relate to matters which affect more than one municipality or district. The supervision and control of water supplies and sewage disposal, the protection of watersheds from pollution,

the supervision of the production, manufacture and distribution of milk, other foods and drugs, the investigation and control of extensive epidemics, the sanitary control of areas in which shellfish are grown—these are some of the many functions of a State department, which cannot be delegated to local organizations. The State department, however, should confine its activities to those which cannot be satisfactorily or economically performed by local boards, and the local boards should be required, and means must be provided to compel them, to do their own work. It is impossible for the State department to require local boards in the rural districts to perform the duties imposed on them by law, because, under present conditions, they are utterly unable to function properly on account of lack of proper organization. The State department cannot co-operate with them, because there is nothing with which to co-operate.

The plan above outlined, therefore, needs to be supplemented by one providing for adequate supervision of local units by the State department. This can best be done by dividing the State into six or eight districts and providing in each a district health officer, who will be paid by the State and will be the representative of the director of health in the territory to which he is assigned. He should be a thoroughly trained sanitary expert, skilled in public health administration and he should have a clerk, and in large districts an assistant or two. His work will consist in rendering local authorities expert advice and assistance, in seeing to it that their duties are properly performed, and in so correlating their work that it will be reasonably uniform in character. Two such districts are now in operation in this State, and the results already obtained by the district officers, working with very inadequate local organizations, have been so satisfactory as to have no doubt that this form of supervision, particularly if properly functioning local units are provided, will be worth many times its cost.

To put such a plan as has just been outlined into effect will require legislation. There is now statutory authority for local boards of health in adjacent municipalities to combine in the employment of health officers and inspectors, but not much has been accomplished in

this direction, and it is not to be expected that voluntary combinations of this character, which may be dissolved at any time and which are therefore lacking in stability, will ever be very successful.

This is the bare skeleton of a plan for reorganizing rural health administration. There is nothing particularly novel about it. Plans similar to this in some respects have been adopted in some other States and they seem to be working well. All of the details have not yet been worked out, but I believe the plan is feasible, sound in principle, that it can be put into effect without imposing much additional cost upon the municipalities, that it will disturb existing conditions less than any other plan which will yield similar results, and that it would bring about a great improvement in public health activities in the State.

This matter is brought to the attention of this organization because the physicians of the State are intimately connected with public health administration and should be deeply interested in its efficiency. There has been a great increase in interest in public health matters by the people of the State since the war began, and they are demanding of public health officials much more service than was formerly rendered. Public health and public welfare propaganda have become fashionable; all sorts of organizations and groups of citizens are urging public health officials, both State and local, to increase and extend their activities, and in many cases these groups are themselves endeavoring, with the aid of private funds, to carry on lines of work properly belonging to State and local public health organizations. Some of these activities are of doubtful economic or sanitary value, and the organizations responsible for them are sometimes a source of embarrassment and at times a positive hindrance to legally constituted officials who are trying their best to do their duty. There is, of course, a proper field for these organizations, but that field lies in social service rather than in administrative public health work. It behooves the citizens of this State, therefore, to make such provision for the efficient enforcement of public health laws and ordinances as will meet the reasonable expectations of her citizens. If this is not done soon the state of confusion which

already exists, because of the interference of unofficial agencies, will be so increased as to become intolerable, and the paternalistic activities of some of these organizations, if permitted to develop unchecked, will in time bring about a system of State medicine. It is needless for me to point out to you how disastrous this would be to the State. It can be avoided if our health authorities are so organized and equipped that they can carry out the duties imposed upon them by the Legislature.

Let us, therefore, recommend that this body carefully consider the plan which has been proposed to improve public health administration in this State. If it meets with your approval you are urged to support the effort which will be made to secure such legislation as will put this or some similar plan into effect. The health authorities of New Jersey, both State and local, need the hearty and sympathetic co-operation support of this association. In giving this support you can do much, not only to better conditions in the State, but to further the interests of all the members of your profession.

DISCUSSION

Dr. Henry Spence, Jersey City: Dr. Fitz-Randolph acknowledges that he has laryngitis, but he also suffers from extreme modesty. He has had a long experience in public health work. He has pointed out some very pertinent questions and shown the frailties of the present laws regarding rural health administration. I have no doubt that you have noted with interest the local health administration in your several communities. I know that the public generally are interested in this subject and are making great efforts to get improvement in that kind of public work. Dr. Fitz-Randolph has pointed out the difficulties, the lack of organization, the lack of personnel and the lack of funds. Nothing like adequate funds are provided for rural health work in most of such districts throughout the State.

His remedy is very feasible and very practical. It can be put into force, I think, without a great deal of additional expenditure of moneys. We will have to seel the plan to the people of the State, and can largely do so by pointing out what it costs to allow preventive medicine to go by the board, and by showing them the economic loss when an epidemic closes their factories and places of business and cripples their producing force. In selling the plan to the State we must anticipate the necessary additional legislation. The laws must provide for the administration of district health units and for moneys, at least, on Dr. Fitz-Randolph's minimum cost plan. We must also insist that the State shall provide in its appropriations enough to in-

sure the employment of the necessary district health officers. I believe in the direction of health work from a center, but I do not believe that the State should be paternalistic.

Dr. Fitz-Randolph has pointed out to you that paternalism in public health work tends towards State medicine. We physicians of the State and the whole country are slow in appreciating where these paternalistic things are leading us to. You, perhaps, have little idea of the great urge that collections of people who are dissatisfied with public health work are making to persuade the Federal government and the State to supply moneys for this purpose. They are also appealing to other sources, such as the Rockefeller and Sage foundations. When such institutions finance the work, they, of course, are bound to lay down the plan, and as they are working throughout all the States they naturally have confined themselves to a single plan. The particular plan to which they have thus far been wedded is the county unit plan. Dr. Fitz-Randolph has pointed out that this would not be a good one for our State. These foundations are doing something else to which I would call your attention, namely, that of exercising a policy and control over our medical schools. It is quite apparent that they have captured two of our leading universities in Medicine—Johns Hopkins and the Medical Department of Columbia—where they have established full-time chairs in medicine and surgery, and where they have arranged in the hospitals that patients shall be cared for with little or no charge and without consideration of the question as to whether they can afford to pay a full medical fee. These instances are examples of State medicine which should vitally interest us.

The manner in which you received the report of the Committee on Public Sanitation and Hygiene leads me to think that you will be behind Dr. Fitz-Randolph in his plan to change our form of public health administration.

NEWER PHASES IN THE TREATMENT OF ASTHMA*

By George P. Meyer, M. D.

Camden, N. J.

Introductory—Asthma has always been a *bête noire* to the physician. We seldom had reason to feel gratified with the relief we could give the patient afflicted with this distressing and usually chronic condition. It was therefore a great pleasure to see the problem attacked from a new angle in recent years and hope renewed in our contest with this disease that great suffering and economic loss might be spared.

Newer Conceptions of the Etiology and Pathology.

In 1910, Meltzer¹ brought forward the

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hypothesis that asthma was a manifestation of anaphylaxis. Following the lead of Meltzer, Freeman and Noon² in England, assuming apparently the anaphylactic nature of hay fever, treated hay fever with injections of pollen extracts in an effort to desensitize. Desensitization is a readily accomplished experimental procedure in anaphylaxis. This was the first step in the scientific treatment of the hypersensitive state, concomitantly and independently investigated in this country by the splendid work of Cooke, of New York, in whose clinic it has lately been my privilege to study and work.

We now know that asthma is not an anaphylactic phenomenon, but a manifestation of the allergic, or better, the atopic state. Atopy is a new term but recently applied to this condition by Coca and Cooke at the recent meeting of the Amer. Ass'n of Immunologists. In distinguishing these two types of hypersensitiveness, the following facts should be borne in mind. Anaphylaxis follows well-defined and for the most part familiar lines. Under the proper experimental conditions, injections into an animal of a dissolved non-toxic antigen, or "foreign protein," causes the formation of antibodies, immune bodies, or precipitin. This process is called sensitization. If precipitin be formed in sufficient excess, a secondary injection of the antigen will cause a reaction, a precipitation, resulting in shock. This physiologic reaction is called anaphylaxis.

In allergy or atopy this antigen-antibody interreaction cannot be constantly demonstrated, as in anaphylaxis. The hypersensitiveness apparently arises without sensitization, as we ordinarily understand it. It is evident, therefore, that anaphylaxis and atopy are two entirely different subdivisions of the pathologic state of hypersensitiveness. There are other points of difference namely: Anaphylaxis is an experimental, artificial condition; atopy a natural, spontaneous one. Anaphylactic hypersensitiveness is not transmitted to heredity in the same manner as atopy. The hereditary factor will be discussed later.

Grouped under the term allergy, or better, atopy, are included such clinical entities as asthma, hay fever, allergic coryza or vaso-motor rhinitis, angio-neurotic edema and certain skin diseases. Attempts have been made to place in

this category other ill-defined conditions whose pathology is not well known, such as epilepsy, migraine, etc., but their case is not proven and it would be well to observe a healthy skepticism until sufficient experimental data are available to support that view. Concerning the gross and microscopic pathology, Ellis⁸ reports that no characteristic findings were made at post following death during an asthmatic attack. H. Gideon Wells is of the opinion that hypertrophy of the bronchial musculature has been demonstrated.

Etiology—In considering the etiology of asthma, I would like to discuss first, certain predisposing and non-specific influences; secondly, the specific causes.

Heredity. Cooke and Vander Veer³ have indicated the importance of this factor and have demonstrated that the capacity for developing the hypersensitive state is transmitted as a dominant characteristic, in accordance with the Mendelian laws of inheritance. They have found that if both parents are hypersensitive, 67.5 per cent. of their offspring become so. If but one parent is affected, but 55 per cent. of the children develop it. Spain recently has confirmed these findings (unpublished results.) Age. The age of onset seems to bear a direct relationship to the family history. If both parents are hypersensitive, the children manifest the condition at an earlier date than if but one is affected. With a negative parental history, the age incidence of the onset reaches the peak in the third decade. It is probable that even in these negative cases, postive histories for some form of atopy in the forebears could be elicited if this information were diligently sought and if we were thoroughly familiar with all the forms that manifestations of the hypersensitive state might assume.

Reflex Factors—It is highly improbable that reflex irritation primarily causes asthma. Concomitant lesions in the respiratory tract, especially nasal, may well aggravate the clinical disorder. Therefore, correction of such lesions may afford decided relief, although the relief is all too often but fleeting. It is surprising how many asthmatics, in reporting for treatment, give a positive history of antecedent nasal operations for relief of their asthma.

Other diseases, such as bronchitis, em-

physema, pulmonary tuberculosis, cardio-renal disease, thymic enlargement, enlarged bronchial glands and so on, may so complicate the clinical picture and enhance the symptoms that their treatment becomes of prime importance, but their removal or cure cannot be expected to remove the atopic state, a susceptibility to which the patient had at birth.

Specific Causes—The specific excitants of an allergic or atopic reaction may be most anything with which a person comes in contact. They are most frequently, but not necessarily always, protein in character. The non-protein substances, as etiologic factors, are more often met in atopic conditions other than asthma, such as the skin eruptions following the ingestion of certain drugs.

The classification of the common excitants may be summarized as follows:

Inhalant (1) Pollens, Ragweed, Timothy etal; (2) Animal danders, horse, cat, dog, rabbit, goat, sheep, guinea pig, etal; feathers, as of chicken, duck, goose, etc.; (3) Sachets and perfumes; (4) Cereal inhalants; rye, wheat, oats, buckwheat, etc.; (6) Dusts of cotton, silk, flax, etc.; (6) House dusts. Ingested (1) Foods; (2) Drugs; contact with mucous membranes, or skin of certain substances. (Delphinium and dog saliva).

Bacterial Proteins—The case for bacterial proteins, championed by Walker and Rackemann, as specific causes of asthma, seems not to have been proven, as pointed out by Cooke⁴. When the specific cause eludes the investigator and the specific etiologic diagnosis is not made, a diagnosis by exclusion of bacterial asthma affords an all too inviting, but treacherous haven. "No diagnosis made" is probably a more nearly truthful interpretation of the findings.

The group of undiagnosed cases still remains too large, but new etiologic factors are from time to time being discovered, and the percentage of cases labeled "No diagnosis made" steadily shrinks.

The importance of house dust has been appreciated but recently, and many cases perforce undiagnosed, or called asthmas of bacterial origin have by this discovery been classified as to specific etiology. However, it is highly probable that from house dust, other specific causes will be isolated. House dust itself most likely contains several individual excitants;

without doubt various dusts differ in these specific constituents, and their further study is contemplated.

Diagnosis—The important problem is the establishment of an etiologic diagnosis. This is accomplished by eliciting positive reactions by one of the following methods of testing: (1) Mucosal; (2) Subcutaneous; (3) Cutaneous, dermal or scratch, intradermal.

The Mucosal Tests are usually employed in cases marked by conjunctival or nasal symptoms. Injections of a solution of the specific excitant are made into the conjunctival sac or nasal cavity. A positive reaction is indicated by congestion, or itching or sneezing or other clinical manifestations duplicating the symptoms originally complained of. Here, too, may be classified those tests by ingestion of the specific cause, in which cases the drug or food is taken by mouth, and a positive test is marked by a reappearance of the clinical symptoms. Needless to say diagnosis by this method requires ample confirmation.

Subcutaneous injections are used therapeutically and the local reactions often indicate the etiologic importance of the substance used. A severe local reaction with redness, swelling, pain or itching for several days presupposes some degree of hypersensitiveness, as the same substance, injected into controls, would prove entirely innocuous.

As pointed out by Brown⁵, the cutaneous test may be done by the dermal or scratch or the intradermal methods. By far the better is the latter, as measured by reliability, convenience to the operator, speed and comfort to the patient. The intradermal method is the common routine test that we have adopted. It is performed by injecting into (not under) the skin, one to two one-hundredths of a cubic centimeter of the test solution, with a tuberculin syringe and fine needle. Within five to fifteen minutes the reaction may be read. A positive reaction is marked by an urticarial wheal, one or more cm. in diameter, with irregular pseudopod-like projections into a surrounding zone of hyperemia. Usually there is a sensation of itching. A positive skin test, in 95 per cent. of cases, indicates a bronchial mucosal hypersensitiveness, according to Cooke.

It is, of course, important that the test solutions be reliable, and to that end we use solutions made by the method of

Coca. These solutions are much to be preferred to any others now available, solid or liquid, as has been convincingly shown by Brown⁵ and Vander Veer⁷. It must not be supposed that testing is altogether free from danger. Aggravation of the symptoms present, severe constitutional reactions marked by urticaria, asthma, cardiac failure and death have resulted. Working in asthma one must be prepared for these inevitable emergencies. Adrenalin should always be readily available, and its quick use, with perhaps some cardiac stimulant like strophanthin, will spare one much perturbation and alarm.

Constitutional reactions to testing and therapeutic injections have been met in the clinic at Jefferson Hospital, Philadelphia, in from 2 to 3 per cent. of cases. The subject of constitutional reactions has been discussed by Cooke with satisfying thoroughness in a recent issue of the *Journal of Immunology*⁴. To avoid them the following recommendations are made:

(1) Avoid intravenous and intramuscular injections; (2) consider well the degree of sensitivity of the patient, as indicated by the clinical severity, and the degree of sensitivity of the skin; (3) consider well the activity and dosage of the solution. With some, such as the pollen extracts, undesirable reactions are disturbingly frequent, while with others, such as house dust, they are comparatively infrequent; (4) avoid the cumulative effect of numerous marked reactions at one sitting, or too rapidly repeated therapeutic doses. Many tests, as high as thirty, may be made at one sitting, but if there be among them many markedly positive, the liability to constitutional reactions is increased.

The Treatment of Asthma—In the treatment of asthma, as in other diseases, removal of the cause or causes, both predisposing and exciting, is the ideal course. Failing in this, desensitization is attempted.

In considering the predisposing cause, one gloomily reflects that removal of the hereditary influences is rather too large an order and doesn't serve to help the patient anyway. The removal of concomitant disease conditions, such as foci of infection, nasal pathology, the amelioration, as far as possible, of cardiovascular or pulmonary or other disease, is as much indicated in an asthmatic as in

a non-asthmatic. The relief afforded by the application of the above measures may be magnified by possible reflex activities, but, bear in mind, that the removal of such pathology does not alter, as far as we know, the inherited hypersensitiveness or atopy that makes of a usually innocuous substance a menace to the happiness and life of an individual. Just as removal of co-existing disease may relieve an asthmatic, just so may lessening the severity of asthma relieve co-existing disease. It has been our good fortune to see cardiac disease otherwise not benefitted, strikingly relieved following improvement in their asthma. Relief of respiratory distress and improvement in pulmonary circulation undoubtedly afforded the much needed rest for a tired heart.

The use of vaccines, both autogenous and stock, has been attended in quite a number of cases with improvement. Here, too, the relief is non-specific and is probably measured by the beneficent effect on a co-existing bronchitis, for, as I have remarked, the causal role of bacteria and their toxins has not been proven.

The removal of the specific causes, of course, is entirely dependent on a proper diagnosis. One may elicit many positive skin reactions in a patient. Multiple sensitization is extremely common; however, with a careful history is determined the particular substances with which the patient comes in contact. These only can act as causal agents. Complete removal of these substances from the environment of the patient is attended by prompt relief. This may involve a change in residence, or occupation, disposing of some responsible articles of furniture or bedding, bidding sorrowful farewell to some fond family pet, or such changes as the nature of the active agent or atopen demands. Either remove the atopen from the patient, or the patient from the atopen. Cases in which complete removal of the offending material is possible are unfortunately not as common as we would like them to be. In the majority of cases efforts at desensitization are necessary. Desensitization in the anaphylactic type of hypersensitiveness is an admittedly effective procedure, and its application to atopy is reasonable, though the *modus operandi* is not known. Suffice it to say the results to date have been gratifying

and promise much with increasing observation, experience and understanding.

The size and frequency of dosage of atopen in desensitizing is controlled by the sensitivity of the patient and potency of atopen. The general sensitivity of the patient parallels usually the skin sensitivity, and this is indicated by the degree of reaction to the intradermal test. The more marked the skin reaction the less the initial dose. We should always proceed with extreme caution in the use of the atopen, with which constitutional reaction are more often met. These briefly are pollens, danders and orris. Constitutional reactions may be encountered in the use of any atopen. but of those I have just mentioned and new substances under investigation, be particularly cautious. The initial dose of these might safely be 1-20 to 1-10 cc. of the weakest dilution, giving a markedly positive reaction. In the ordinary routine, ascending doses once a week are given, each increase being a multiple of the initial dose. Having settled on the atopen to be used, the dosage should be as one of my chiefs often remarked, "enough, but not too much." Between the Scylla of too little and no therapeutic benefit, and the Charybdis of too much and the ever-present danger of the constitutional reactions, the sorry sailor must steer a cautious course. Unfortunately there are no set rules. Experience is the only sure guide. We have found that a marked local reaction, or temporary aggravation of symptoms, after each therapeutic subcutaneous injection, warrants an intermission in the course of injections. If the patient is easier in the interval in which no injection is given we feel that we had previously over-dosed. Insufficient dosage is indicated by a lack of local reaction, following the therapeutic subcutaneous injection and failure to improve. If the patient improves under treatment we increase the interval between injections. If he becomes entirely free of symptoms we just keep him under observation, give perhaps a monthly injection, or leave him go entirely, to report if there be a reappearance of symptoms. If there be no improvement after using the suspected atopen for some time, search must be made for other possible causes. One must investigate the surroundings in which the attacks occur. If they occur at night, while he is in bed, it is

natural to look for the causative factor, usually an inhalant, in the bed-room. If they occur while he is at work, look there. The importance of following up the leads indicated by a painstaking history cannot be overestimated. Diligent search often reveals the offending substance with corresponding relief upon its removal or use as desensitizer. Too often we fail to make a diagnosis, and of necessity much improvement cannot follow our treatment. Cure in the sense of an eradication of the atopic state is not to be expected, as the result of our treatment. The atopy persists as an inherent constitutional defect. Cure may occur spontaneously. As for the treatment of the attack itself, adrenalin in doses of five to fifteen minims, repeated every twenty to thirty minutes, if necessary, almost invariably relieves. It has no harmful side effects. Increase of dose, with long usage, is seldom necessary. Morphine and the other narcotics I am afraid of in these chronic conditions; their use on occasions may be necessary, but the dangers of their use are self evident. The patient himself probably has a variety of powders and pastilles, which he burns during an attack, and as they often give relief their continued use does no harm. Potassium iodide and expectorant mixtures, too, have a limited usefulness, together with other symptomatic remedial measures.

The first 100 atopic cases in our clinic at Jefferson Hospital included fifty-four pure asthmas (excluding the asthmas in combination with hay fever, allergic coryza, skin eruptions, etc.). An analysis of these, as to exciting agents, is given below. As is evident the inhalant group is most important. Foods, drugs and other substances occur as excitant factors but rarely.

Single sensitization, 28 cases, 51.8 per cent; danders: Horse, 1; cat, 1; feathers, 3; orris, 3; housedust, 20.

Multiple sensitization, 13 cases, 24.08 per cent.; Danders: Horse, 3; cat, 1; dog, 1; feathers, 4; orris, 3; cereal, 4; pollens, 3; housedust, 12.

Not diagnosed, 13 cases, 24.08 per cent.; insufficient observation, 11 cases; failures, 2 cases.

The results of treatment in the analyzed cases, mentioned before, are here briefly summarized:

Results of Treatment of 54 Cases.

Symptom free or greatly improved 21

cases, 38.8 per cent.; slight improvement, 8 cases, 14.8 per cent.; no change, 16 cases, 29.6 per cent.; no report, 9 cases, 16.6 per cent.

Diagnosed.

Kept under treatment for satisfactory period, 76 per cent.; improved of cases kept under treatment for satisfactory period, 67.4 per cent.

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DISCUSSION

Dr. J. Alexander Clarke, Jr., Philadelphia: I want to thank you for the opportunity to come here and talk to you this morning. I have found, in talking with my friends in Philadelphia, that the great majority of them either thought that the treatment of asthma by this method was a false alarm or were very skeptical about it. On looking into the question, I found that the reason for this was largely one of misinformation on their part. This treatment of asthma is only ten or twelve years old. In that time, it has made tremendous strides—even in the last few years, during which I have been interested in it. Nevertheless, the literature on it is perfectly enormous, and every drug house in the country is selling foreign proteins. The country is swarming with detail men, who are prepared to show the doctors how to do a skin reaction and to know a positive reaction where they see it, but they do not know anything about asthma as a clinical disease. A friend of mine told me that he was using this method, and that he had bought an assortment of twelve foreign proteins from a drug house. They were a group of most uncommon foods, and he could possibly diagnose one per cent. of the cases of asthma that came to him. The other day a detail man came to see me and submitted a list of proteins for my edification. He had a wonderful menu, including about every food that you could think of. When it came to dust, orris root was the only thing of importance. In other words, if you bought everything the man had to sell, (leaving out the pollen cases and taking non-seasonable asthmas alone) you could not diagnose more than ten per cent. of your asthmatics with his complete lay-out.

One of the reasons for this skepticism is that the average person who has read the asthma literature, which is all much too optimistic, comes to the conclusion that asthma

is chiefly a food affair. If you look at Dr. Myer's chart, you will find that in 100 cases we did not have one food case. The most important of producing asthma is by breathing directly the irritant into the nose. Food cases do exist, and they are very pretty and dramatic; (?) but you may look over fifty or sixty cases before you find one; and when you do, the diagnosis is usually made by the patient. A doctor that I know cannot eat buckwheat without getting asthma, but he found that out long ago. The food cases are usually diagnosed when they come in. From thirty-three to thirty-five per cent. of asthma, you cannot diagnose. These may be food cases, but you cannot prove it by the skin reaction. What they are, we do not know. They are still unsolved problems.

Among the inhalation cases, we have found the chief cause to be house dust. We should be ashamed to talk of this substance without saying where it originates, but this we cannot do. Dr. Robt. A. Cooke was the first one to discover this factor, and he made the first diagnosis extract from dust swept from the floor. You may have seen patients that get asthma in one room, and nowhere else. He secured a strongly positive reaction in such a case from the sweepings of one room, where extracts of everything else were negative. You cannot get constitutional reactions with dust extracts and dissensitization is satisfactory. You cannot buy this extract, but we will give anyone who wishes it a sample. House dust, in time, will be solved, and its origin known. We found a number of cases that gave positive reactions to the dust from certain rooms, and discovered that these people had stuffed their pillows with rabbit hair. That finding reduced the number of dust cases. Another reason that men are skeptical about this method is that there has been no proper realization of the importance of the history. If I had to treat asthma cases without the skin reaction or without history, I should prefer to have the history. If a man is sensitive to a number of things and gets asthma only at night, he must be especially sensitive to something that he comes in contact with only at night. A positive skin reaction does not mean that the patient's mucosa is sensitive to that substance. You can get skin reaction to foods; but when you take the patients off these foods and they do not get well, you can know that these foods are not the cause of the asthma. You can get positive skin reactions, but they do not prove the diagnosis unless they agree with the history. You can get many more skin reactions than diagnoses. I have under observation a girl who gives strongly positive reaction to ragweed; yet her happiest time of the year is in August and September, when this plant is in bloom.

Another source of error is the fact that a person can be sensitive to something and not give a positive skin reaction, but, fortunately, this is rare. Every time you get a skin reaction, you must consider whether it corresponds with the history. For example, if a man gives a positive reaction to cat-hair and has had no cat in the house for years, that is not the cause of the asthma, any more than the sensitiveness of my medical friend to buckwheat was the cause of his hay fever.

in the fall. It was merely a side issue. The skin reaction does not mean hypersensitiveness to foods unless substantiated by further proof and we should forget the idea that foods are a very important part of the causation of asthma.

Dr. Theodore W. Corwin, Newark: I should like to make a remark regarding adrenalin. I have used it a number of times in the acute asthmatic condition, and I learned that I had to be quite persistent with it in many cases. If you abide by all the information that you get about the danger of it, you are apt to go astray. If you use chloroform, you have to use it to a degree that puts the patient in some danger. The same applies to adrenalin. You may begin with a slight dose, but you will soon have to push the dose. I had a case in which I gave thirty minims hypodermically of the ordinary solution, and it did not fully control the trouble then. Where the use of the remedy is, perhaps, a danger to the patients, the experience of some has been that unless they took toward a dram and repeated it two or three times a day, they could not keep comfortable. One patient took a dram once or twice a day for over three years.

Dr. W. Blair Stewart, Atlantic City: We are indebted to the laboratory man for the help he has given us in the study of asthma. It has led to benefit and cure in many cases. From the standpoint of the internist, I feel that the question of diet likewise, as Dr. Shelford has expressed, is important. The average asthmatic has a tendency to overload the stomach and aggravate the condition.

A very unpleasant complication in one case of asthma was that, when the patient ate cheese in any form, it produced an attack of asthma plus giant urticaria.

Personally, I feel that all cases of asthma should be dieted to the extreme every time there is an attack of the disease. Exercise is another thing that is not watched enough by the average physician. The patients roam about the house from room to room. This is a great mistake. The asthmatic should be kept quiet, as far as possible, and free from excitement, much talking, or anything that might bring about irritation of any character—either the psychic or the general nervous type.

The average asthmatic does not attend to the cleanliness of the body. He thinks that he is entirely too weak and is troubled too much. If this particular factor is neglected, you are going to lose a material side that needs to be watched carefully. See that they are cleansed daily. It will not hurt them, although they may have a slight aggravation of their condition. If you keep the emunctories open, you will have less trouble. Keep the bowels and skin active. Drinking a quantity of water, particularly, one containing a slight alkaline salt, or a bicarbonate, or a pure preparation of sodium bicarbonate, will help the patient.

Climate has often a marked effect on these cases. Are we justified in sending patients with asthma to the seashore? This is often asked by the seashore physician. We used to say that it is too damp for them, but the whole secret of the trouble was that the asthmatic came to the seashore, perambulated the

boardwalk, walked up and down stairs, went into the dining room, and overloaded his stomach; and his asthma got worse. Personally, I never feel that the fog and dampness of the seashore, free from the emanations of smoke and gas from factories, are strong factors in producing attacks of this disease. It is true that the asthmatic will breathe more freely when the air is clear and comparatively dry, but I do not feel that the average dampness of the shore has much to do with the condition. It is more the environment in which the patient lives. I have noticed that those who go to the large beach-front hotels, if they exercise care in their diet, and daily life, are able to live with a greater degree of comfort on the top floors of the building than on the ground floor. This holds particularly good when we have a land breeze and the pollens are carried by the wind. They lie largely in the lower strata of the air, and do not reach the upper stories of the hotel. When above them, the patients are relieved. This is particularly true in case of hay fever. If the patient lives in the top story during the land breeze period, he will be more comfortable.

But another thing to which we do not pay much attention is the careful examination of the patients' chests. If we cannot find a distinctly positive test, we should put them through a thorough physical examination and have them examined with the fluoroscope or the x-ray by an expert. This will often elicit a chronic condition, frequently of a tubercular type, which demands that the patient be put under the restriction and restraint that tuberculosis requires. You will frequently be able to bring about a cure or a very material amelioration of the patient in this way. I would suggest that you run into a chronic asthmatic, who does not do well at home, you send him to the seashore.

Dr. B. S. Pollak, Secaucus: I was much impressed by the remarks of Dr. Stewart. We have found in our tuberculosis clinics in Jersey City that cases of asthma, of the chronic type, particularly those with emphysema and chronic bronchitis, that we have diagnosed these cases from time to time as "tuberculous," for the physical signs were not entirely satisfactory. In order to give them comfort, we placed many of these cases in our tuberculosis ward, under observation, and gave them the benefit of the hygienic and dietetic treatment in vogue in the sanatoria of the country. We found, very often, that the aggravated signs disappeared and we were able to demonstrate conclusively the existence of tuberculous lesions. This was particularly noticeable in a group of children that we have seen, approximately seventy or eighty with coughs that were unaccountable and symptoms of asthma. Outside of the d'Espine sign, which, at that time was considered important, and which at present is not looked upon as particularly significant, we found no evidence of tuberculosis. We are rather opposed to the plan of permitting the roentgenologist to make diagnosis of tuberculosis in children, simply because of enlarged hilus shadows, unless the markings extend well out to the periphery. However, if these children respond to the tuberculin test of Von Pirquet, together with such

physical findings, we accept it as confirmative evidence of the existence of a tuberculous lesion. I know there are many, who, at this time, place as much faith in the Von Pirquet test as we do, and yet I was pleased to find that Calmette, at the congress in London, in the discussion of "Tuberculin and Its Test," made this statement: "Pirquet tuberculin test is, up to the present time, the most scientific test known in medicine." So that these children with asthma, who give a positive tuberculin test, whilst not clinically ill from tuberculosis, must be considered with the idea in mind that the development of the disease is possible, and when placed under the regime of hygienic and dietetic treatment we have noticed the disappearance of asthma and have often been able to demonstrate the existence of milk tuberculous disease.

Dr. George P. Myers, Camden, closing: I was very much pleased with the discussion and the questions put. They presuppose an interest that is very necessary. In the last issue of the American Magazine, I read an article on the Treatment of Hay Fever that was very well written, and was false only in its optimism. That impression was given to the laity at large. I think that, as Dr. Clark had said, most of us have been annoyed by the questions of the laity and the imprudence of drug house men who try to teach us therapeutics. In order that we may not be annoyed by these questions of the laity and being in positions in which we are better informed than we are, I think that it is very necessary for us to consider the matter seriously.

As far as the diet is concerned and the food factors, I have analyzed fifty-four cases of asthma, and did not find among them a single food case. Food cases do exist. If you come across them, you are fortunate; because their relief is much more easily accomplished than is that of the other cases. We meet them, but we cannot put them at less than one per cent. Cook put them higher, but has revised his opinion lately. We use diet in cases complicated by cardiorenal disease. We put them on a low Protein diet. That, however, is not treating asthma, but cardiorenal disease. Many of the suggestions for the treatment made are for the treatment of the secondary factors, and not for the removal of the primary cause. Therapeutics is not of importance, if it does not take cognizance of the prime factor. We take care of the diet. We recommend that the people be chary of over-loading their stomach. We make the recommendation to anyone, not only to an asthmatic.

Pure reflex asthma cannot be demonstrated. If an asthmatic does something that is not hygienic, he may make the asthma worse. By removing the factor, however, you will not cure the asthma.

Wheat was mentioned. I have it on the chart as one of the inhalants. As a food, it is more likely to cause angioneurotic edema or urticaria. The combination of the two, that is, asthma and urticaria, has been met with in our experience. I said that a positive skin test does not always indicate positive clinical hypersensitiveness. That is the truth. It has been over-emphasized in the discussion. A positive skin test, indicates a positive bron-

chial hypersensitiveness in 95 per cent. of the cases. The other five per cent. will not be sensitive in their bronchial mucosa to this same factor that cause the positive skin reaction. With regards to bathing, that is a serious question, which is brought up more frequently in the clinic than in private practice. In the clinic, people who do not bathe much, often look for excuses still further to evade it. Regarding physical examinations, that is a routine in every clinic that I attended, and in my own work. It is indicated in the case of every sick person, and not only in that of an asthmatic. The statement made regarding the higher sections of a hotel, that they are but pollens can be blown about, as has been more nearly free of pollen, is probably true; demonstrated, to several miles in height—three or four miles from the surface of the earth, and laterally five or six miles from their source, at least. As to overdosage of adrenalin, we had a case on Friday last. We were testing a rather asthenic woman, and she fell over in a faint. We thought that it was a constitutional reaction, and gave a c. om. of adrenalin. We subsequently found that it was an epileptic attack. She came to, but had a splitting headache and vomiting. I recommended five of ten minims, repeated as needed. If you give that, overdosage will be avoided. I have not met with aneurysm in the series of cases that I studied. That may conceivably occur as a reflex factor. With regards to night attacks, I would emphasize again what Dr. Clark said: that the causative factor of the asthma is to be found where the attacks occur. The attacks do not follow ten or twelve hours after exposure. They may in food cases; but in our cases, it seemed to occur within a short time after exposure to the exciting cause. If it occurs during the day, look for the cause at the place of work. It is in the environment; so study the environment at the time of the attack. Answering Dr. Goldstein, about seventy per cent. of the cases showed cure—or, rather, improvement. We like to be conservative in the use of the word "cure." I do not think that this figure can be duplicated by the older clinical practice. As to age incidence, if both parents are sensitive, the patient is apt to develop clinical hypersensitiveness at or before the age of five; if one parent only is sensitive, at or before fifteen; and if neither parent is sensitive, the child is not likely to manifest it before the age of twenty-five. Benzyl benzoate has not proved of use in this condition.

UNRECOGNIZED SYPHILIS

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Syphilis is as widespread as tuberculosis and its incidence is greater. There is no race or class of people who are immune to it, and there is no place on earth, except perhaps, certain unvisited

regions in Africa, Australia and South America where it is not endemic. Syphilis is a true pandemic. Also syphilis ranks with tuberculosis and pneumonia, as one of the three great "killers" of humanity. While syphilis may not kill as quickly or as openly as the other two, and for that reason has escaped far more than it deserves this evil reputation, yet when we consider its remote effects its death-dealing power is equally as great. The fact is we do not know how many deaths syphilis causes. We can only guess, and there is much variation in the guesses, because the guise in which syphilis slays is more euphoniously expressed. Until absolutely accurate statistics can be obtained, as to the syphilitic factor in degenerative visceropathies, the true mortality of syphilis will not be known. When it is, and in time it will be, its total will be staggering.

Until quite recently, and to a certain extent is yet, syphilis as it attacked the superficies of the body, its cutaneous and osseous manifestations were those which chiefly engaged the attention of physicians. Its less obtrusive, but more dangerous, consequences were, and are yet, only too often ignored.

While the probability of the syphilitic origin of many diseases differing widely in their clinical display was recognized by discerning clinicians in the past it was not until the advent of the Wassermann reaction and the discovery of the *Treponema Pallidum*, which gave rise to a more embracing pathology, that these presumptions crystallized into facts. But in spite of these far-reaching advances it is truly surprising how often syphilis is ignored in making a diagnosis.

Some years ago an eminent pathologist wrote: "Syphilis; a Disease of Diminishing Severity." Douglas Symmers believes, and his opinion is shared by many other syphilologists and pathologists, that syphilis is not as severe as it once was, and that its present degree of severity will still further diminish in the course of time. It cannot be denied that the outward, visible signs of the disease, as shown by cutaneous gummata and by inflammatory and destructive osseous lesions, are not nearly as much in evidence now as formerly, but I am quite certain that this cannot be said of those lesions which are hidden

and unseen, involving the viscera and the connecting systems—nervous and vascular. Modern treatment has all but banished the grosser external lesions, but this cannot be said of the disease as it attacks the deeper and vital parts. It would, therefore, seem to me that the severity of syphilis has not lessened so much as it has changed. No longer is it a disease exclusively for the dermatologist, but rather one that belongs more to the internist, which includes the neurologist, the cardiologist and the endocrinologist.

It would be impossible within the restricted limits of a thesis as short as this to compress all of the clinical expressions of syphilis. To do so would be to cover almost the entire field of pathology and clinical medicine. But if I can suggest—and I can arouse suspicion—where suspicion did not exist before—so that syphilis will be thought of and considered in making a diagnosis, not only in diseases that are obscure and bizarre, but also those which are frequent and commonplace, my purpose will have been accomplished.

Recognition of a chancre, as a rule, offers no difficulty to an expert. Only rarely is it necessary to resort to microscopic examination to detect the *Treponema Pallida* in serum expressed from the sore. In some instances where the suspicious lesion is extra-genital, as on the lip or tongue or tonsil or elsewhere, it may have to be distinguished from a malignant growth or a tubercular process. While by no means common in this country at least extra-genital chancre is a possibility that cannot be disregarded in determining the nature of all small, indolent ulcers, no matter where situated. The exanthems of the secondary stage of syphilis are also easily recognized by the experienced eye, but there are a number of eruptions with which the early eruptions of syphilis can be easily confused. Among these are the eruptions caused by antipyrin and co-paiba, scarlet fever, measles and smallpox; the last, however, can be easily discounted because of its extreme rarity at the present time. The most frequent chronic dermatoses that are sometimes imitated by syphilis very closely are eczema and psoriasis. The same is also true of the less frequent lichen, pityriasis, disseminated sarcoids and tubercular leprosy. The last, like smallpox,

can also be practically eliminated from consideration in this country at least. The various forms of lupus are also not infrequently confused with syphilis. Actinomycosis, blastomycosis and sporotrichosis frequently cannot be differentiated clinically from syphilitic lesions. As a rule, however, because of their comparative infrequency, these diseases are more apt to be considered syphilitic, and are treated as such until their true cause is determined later, by their failure to respond to antisyphilitic treatment. Granuloma inguinale is frequently mistaken for syphilis, even by the most sophisticated. As not infrequently happens this disease may complicate an already existing syphilis, and the physician, basing his diagnosis largely upon a positive Wassermann reaction, as well as the clinical appearance of the lesion, is non-plussed, because the process fails to respond to arsenical therapy. When such lesions are encountered, and from personal experience I can say they are not as infrequent as may be supposed, the presence or absence of the Leishman-Donovan bodies will determine the diagnosis. Epithelioma, when occurring on the cutaneous surface, must always be differentiated from syphilis. Brief as this outline is of the dermatoses with which syphilis may be confused it shows how easily and how often mistakes in diagnosis can occur.

Since the discovery of the x-ray by Roentgen, in 1895, our knowledge of the pathology of diseases involving the osseous structures has been immeasurably increased. The two diseases which most frequently attack the bones are syphilis and tuberculosis. Less frequently sarcoma attacks the bones. While the lesions characteristic to each theoretically would make the differential diagnosis comparatively easy, this is not always so. The tendency is, especially in young subjects, to attribute most osseous lesions to tuberculosis. There are undoubtedly many unfortunates who are being treated for osseous tuberculosis who would respond in a marvellous way to arsphenamin or to mercury. Osteomyelitis, periostitis and osteosarcoma chondrosarcoma must also be differentiated from syphilis. Any osteophyma or osteophyte should always arouse suspicion of syphilis. In its early and late stages syphilis may attack the joints, and for that reason any acute or chronic

process involving the articulations, especially if not attended with pain should have syphilis absolutely excluded as the cause. In passing, it might also be worth while to mention that in the early secondary stage of syphilis the pains in the bones and joints which are so often present are sometimes mistaken for rheumatism. Recently Klauder has called attention to syphilis as a cause of backache. Syphilis as a cause of this condition is hardly, if ever, considered. Yet, syphilitic disease of the meninges of the cord, or of the lumbar vertebrae, or of the lumbar muscles may be the unrecognized cause.

Syphilis of the muscles—gummatous myositis—is considered rare, but it can and does occur and sometimes in a guise that is difficult to recognize as syphilitic. Any swelling of the muscles, especially those of the upper arm, thigh or leg in which a definite history of infection can be ruled out and which is protracted beyond the usual length of time for a phlegmonous inflammation to resolute should always have syphilis ruled out.

The researches of Brown and Pearce, of the Rockefeller Institute, have shown that the *Treponema Pallida* become generalized throughout the body long before the appearance of chancre, and Leishman, Warthin and others have shown that these organisms have an early and selective action on the walls of the blood vessels both great and small. Severinus nearly 400 years ago described syphilitic aneurysm and Morgagni, Astruc and Lancisi 200 years and more ago described syphilis of the cardiovascular system, but it remained for pathologists of the present time to show how profoundly syphilis affects the circulatory apparatus. Cardiac diseases occurring in adults under forty years of age in whom rheumatism or other infections can be absolutely eliminated should be sufficient reason for inquiry as to syphilis. Hypertension also, except when concomitant with senility should also arouse a similar suspicion. It is my opinion, based upon a considerable experience, that syphilis shares equally with rheumatism as a causative factor in all cardiopathies.

In the past textbooks and teachers have conveyed the impression that syphilis of the lungs is of extraordinary rarity. While undoubtedly not as frequent as some other syphilitic visceropathies

the research of recent observers shows that syphilitic pulmonary disease is not as infrequent as was formerly believed. While it must be admitted that the absolute diagnosis of lung syphilis is attended with considerable difficulty, yet in the light of the newer pathology and the knowledge afforded by the x-ray and the more accurate interpretation thereof it is justifiable to state that there are cases in which the signs and symptoms of pulmonary tuberculosis are so atypical that the possibility of pulmonary syphilis must be considered. It is these atypical cases of pulmonary disease which are occasionally encountered which should arouse the suspicion of the physician as to the probability of syphilis being the cause.

Syphilis of the gastro-intestinal tract is not often suspected, because, like syphilis of the lungs, its clinical diagnosis is extremely difficult. Syphilitic gastric disease may simulate chronic catarrhal gastritis, gastric ulcer, gastric carcinoma and gastric tuberculosis. The gastric crises of tabes are quite frequently diagnosed as acute indigestion or ptomaine poisoning. Symptoms arising from the stomach which fail to respond to ordinary methods of treatment or in which the course is atypic should cause syphilis to be suspected. The small intestine, as far as we know clinically, is comparatively free from the attack of syphilis. This may be perhaps because they are most difficult to diagnose. Fournier has described gummatous infiltration of Peyer's patches—syphilis typhose—the clinical symptoms resulting therefrom duplicating very closely typhoid fever. Howers and also Gutman have reported cases in which syphilis has simulated typhoid fever so closely that the differential diagnosis was extremely difficult. The condition known as duodenitis, or duodenal ulcer, which is attended with more or less hemorrhage from the bowel, is as much apt to be syphilitic as it is to be tubercular in origin. Gummatous ulceration of the lower bowel may give rise to signs and symptoms closely resembling dysentery. Syphilitic disease of the rectum—either a gumma or a perirectal gummatous infiltration may be mistaken for carcinoma. Fistula in ano can be due to syphilis, as well as to tuberculosis or pyogenic infection. It can, therefore, be stated without fear of contradiction that

rectal diseases of whatever nature, except perhaps, hemorrhoids, will bear strict inquiry as to syphilis, as the causative factor.

In hepatic diseases the possibility of syphilis as the cause must never be overlooked. There is no pathologic change in this organ which syphilis cannot originate or simulate. It can give rise to atrophic or hypertrophic cirrhosis, yellow atrophy, inflammation of the gall bladder and the gall duct; it can almost perfectly simulate carcinoma. When syphilis attacks the liver it does not always manifest itself as the classic *hepar lobatum* so well described by Lancereaux more than half a century ago. It can appear in any form; not the least of which is massive gumma that has been so often diagnosed as carcinoma, and the patient left to die when the so-called malignant growth would have melted away like snow before the noon day's sun under the influence of mercury and iodid or organic arsenic. Hepatic syphilis, however, may give rise to no other sign or symptom, except long continued fever. Continuous fever, therefore, which can be assigned to no definite cause should call for an examination of the liver and a Wassermann test of the blood.

With the exception of the chancre the genito-urinary organs are comparatively exempt from the attack of syphilis. Occult manifestations of the disease are therefore not often encountered. Intra-urethral chancre occurs in about 2 per cent. of all chancres occurring on the penis. Its presence has been mistaken for gonorrhea. Any atypic discharge from the urethra with a history of a suspicious coitus should lead to a search for an initial lesion within the urinary canal. Cystitis, due to a papular eruption of the vesical mucosa, has been described as occurings in the secondary stage. Its discovery is usually accidental during the course of a cystoscopic examination; it is of no clinical interest, as it gives rise to no symptoms. Gumma of the bladder wall sometimes occurs, and if ulceration takes place it may cause urethral hemorrhage, or be mistaken for a tubercular ulcer, or a malignant neoplasm, when examined through the cystoscope. In the secondary stage syphilis may cause acute parenchymatous nephritis. According to Fournier, acute syphilitic nephritis is attended with

a very heavy mortality. A dropsy coming on suddenly, in which there is also massive albuminuria and the presence of double refractive lipid bodies in the urine, should immediately give rise to a suspicion of syphilis.

Claude Bernard was the first to study ductless glands, and endocrinology may be said to have begun with him. Many years have passed since then and we have learned much about them, but there are still many problems in the physiology and pathology of these glands which have not been solved. Because of its protean nature syphilis undoubtedly plays an important part in the syndromes arising from their dysfunction. As Sir Humphry Rolleston aptly states: "It would, indeed, be remarkable if the ductless glands escaped syphilization." The thyroid, adrenals, pituitary and testes are the ductless glands most frequently affected by syphilis. The syndrome known as Basedow's disease or Graves' disease—hyperthyroidism—should, along with an estimation of the basal metabolism, have a Wassermann test made as well. That syphilis attacks the adrenals was known to Virchow and to Lancereaux, although Addison's disease is supposed to be only rarely caused by syphilis. Barker, however, calls attention to the fact that it can be caused by syphilis, and Fordyce has described a case in which syphilitic involvement of the gland exactly simulated melasma suprarenalis. Diabetes insipidus, endogenous obesity, acromegaly are, in my opinion, not infrequently due to syphilitic disease of the pituitary gland. Syphilis of the testicle in the form of ulcerative gumma may be mistaken for malignant disease or tuberculosis. As observed by Mott, chronic treponemal intoxication may so depress the vital energy of the testes as to cause impotence.

It is the opinion of the majority of pathologists and clinicians of the present day that endocrinic syndromes are caused by polyglandular involvement, rather than by one gland alone, as these glands are all more or less interdependent upon each other, and perversion of the activity of one acts more or less upon the others. This in accord with our recently acquired knowledge of the wide dissemination of the treponemal foci. While it would be incorrect to state that syphilis is the underlying

cause in all diseases of endocrinic origin, yet it is by no means stretching the imagination beyond safe limits to assert that it is the underlying cause in very many instances, and, therefore, in all cases in which the signs and symptoms show involvement of these glands the possibility of the syphilitic factor entering therein should be carefully considered.

That syphilis causes anemia, both in the secondary and tertiary stages is well known. All who come much in contact with the disease know how important a factor anemia is in producing the cachexia so frequently observed in early and late syphilis. This simple anemia, however, is a comparatively easy problem to solve. It is in those cases in which the disease gives rise to those diseases of the blood which are the result of disturbance of the hemopoietic system—the grave anemias—that I wish to direct the reader's attention. Barker, and also Eason, have shown conclusively that pernicious anemia, leukemia and the whole list of pathologic blood pictures can be caused by syphilis. In their presence, therefore, the syphilitic factor should always be considered.

The most dread form of syphilis is when it attacks the nervous system. It is here that its ravages can be least often stayed, and its happiness destroying and death dealing effects are most acutely observed. There is practically no syndrome due to a lesion of any of the component parts of the nervous system that cannot be caused or simulated by syphilis. The symptomatology of syphilis of the nervous system is usually well defined after it has become established, but is then that relief or cure is most apt to be uncertain. While early examination of the cerebro-spinal fluid anticipates future degenerative changes and indicates the need of remedial agents when they can be most effective, unless the early signs and symptoms of syphilitic nervous disease can be recognized by the physician, so as to cause him to take the precaution of lumbar puncture and examination of the suspected fluid, this important procedure is likely to be neglected.

With the exception of paresis the most desperate syndrome of which the trephneal invasion of the central nervous system is the cause is tabes dorsalis. The insidious onset of this form of

syphilis is very frequently unrecognized. One of the first of the premonitory symptoms of tabes is impotence. Sudden deafness, a condition which has been compared by Hermet to primary optic atrophy, is also a sign of beginning tabes. According to Osler, 10 per cent. of all tabetics have the ocular form of the disease; that is amaurosis caused by atrophy of the optic nerve. Therefore, failing vision which cannot be helped by glasses, or the sudden or gradual appearance of scotoma, central, homonymous or heteronymous should always cause suspicion of the onset of tabes. The same is true of diplopia, or double vision, and also of the slow and painless development of paralysis of the external muscles of the eye—ptosis. Smallness of the pupils—spinal myosis—may precede the classic Argyll-Robertson pupils for a considerable period of time. The "lightning pains" are often mistaken for rheumatism, or sciatica, and the gastric crises for acute indigestion.

The evolution of paresis is usually extremely slow, and the signs and symptoms which herald its insidious advance are often so elusive as to require the keenest acumen to detect them. This does not apply so much to the somatic signs, which, however, are often overlooked, as it does to the beginning mental deterioration. Suggestive of incipient paresis and also, I might add, of cerebral syphilis, aside from the character changes, include headache, insomnia, cranial nerve palsies and sensory and motor disturbances. While any or all of these may be due to some cause other than syphilis the presence of one or more of them should arouse suspicion. Not alone paresis, but many other psychoses can be caused by syphilis. As Nonne has said: "One should always keep in mind that the most varied forms of psychoses can occur in brain syphilis, and that these forms do not necessarily mean an expression of general paresis." To mention a few of the more well-known psychoses, paranoia, caused by syphilis, has been described by Nonne, Plaut and Kraepelin; dementia precox and the psychosis known as Korsakoff's syndrome.

Congenital syphilis, especially that form known as syphilis hereditaria tarda—late hereditary syphilis—frequently gives rise to syndromes, the cause of which is not recognized. Many of these conditions are not manifest

until the third or fourth decade of life, and in the majority of instances acquired syphilis can be absolutely ruled out. Also, the signs and symptoms may be such that syphilis is not suspected, or at most only remotely. To further complicate matters, if the physician should suspect syphilis, the Wassermann reaction is frequently negative. This last is not surprising, as in the vast majority of instances the Wassermann reaction in congenital syphilis becomes permanently negative before the eighteenth year. This does not imply, however, that the disease has spent its force, for its ill effects are continued in the diathesis which it has created. While under the circumstances the various syndromes of which the patient complains may therefore not be syphilitic, if we strictly construe the meaning of the word, yet they are so, insofar as their origin is concerned. Although for that reason they may be in a sense not included in the category of diseases amenable to anti-syphilitic treatment, yet they often respond marvelously thereto.

Not a few of these patients show no other manifestation except a persistent asthenia. This asthenia in many instances having been present practically throughout the patient's life. These patients—frequently women—complain of continual intermittent weakness. They are usually not sick enough to be in bed, but to them everything is an effort, and they are constantly complaining. Their reduced resistance makes them an easy prey to secondary infections of a chronic character, and the diagnosis and treatment of the resulting dyscrasia is rendered more complex and less satisfactory. Recent investigations in this country and abroad would seem to indicate that these "undefined cases" are polyglandular endocrine dysfunction, the result of a masked congenital syphilis that expended itself upon the glandular parenchyma in early life. Thus it can be said that these undefined and often bizarre dyscrasias are truly parasymphilitic in contradistinction to that term, as it was formerly applied, because they represent a damage or effect from a cause which may be no longer existent.

In the domain of the specialties—ophthalmology, otology, laryngology—syphilis is often encountered and yet may not be recognized. Its presence—its very frequent presence—in disorders

of the special senses should never be forgotten. An examination of the blood or spinal fluid, or both, will often explain a problem that hitherto could not be explained.

Unrecognized syphilis is not a theory; it is a fact that is constantly confronting every physician. Its recognition may at times be difficult, but the benefit that often accrues not only to the patient, but to the physician as well, in augmented prestige makes it well worth while to search out this ubiquitous and protean disease, which is the underlying causative factor in so many conditions.

40 East 62d Street.

Notes on Cancer

(Continued from November Journal.)

Malignant Disease of the Throat.—Dr. Syme in the Can. Med. Assn. Jour., states that malignant disease affects the oropharynx (tongue and fauces included) in the proportion of 5 males to 1 female, the laryngopharynx in the proportion of 5 females to 1 male, and the larynx 5 males to 1 female; the age averages are 45 in females, 57 in males; in laryngeal cases the age incidence is higher. He emphasizes the need of careful investigation when hoarseness extends over a week or two, there is ever so slight difficulty in swallowing, pain on swallowing often shooting to the ear, or cough not explained by findings in the chest. He describes carefully direct examination either by the suspension apparatus or tubes, histological, x-ray, and investigation of involvement of glands. After covering in detail the various radical and palliative operative procedures, he ends with a plea for earlier suspicion and recognition of malignant diseases in this region.

Cancer of the Stomach.—Dr. Masson in the Can. Med. Assn. Jour., reviews 1912 cases of carcinoma of the stomach operated on at the Mayo Clinic between 1910 and 1921. The average was 53.7 years, the youngest was 18 and the oldest 81; 40 per cent. occurred in the sixth decade; 78.5 per cent. were in males, 21.5 per cent. in females. He emphasizes the lack of characteristic symptoms until after the malignancy is well advanced, but states that an expert roentgenologist can find about 95 per cent. of all gastric tumors and ulcers, and that x-ray is of great aid in determining operability, though of course it can never show up metastases. Clinically it is often impossible to tell whether an ulcer is in the stomach or duodenum, and this is very important to know as malignant degeneration of the edges of a duodenal ulcer is very rare, while the reverse is true in gastric ulcers. He urges that careful and full examination be made of the patients with gastric symptoms of a type suggesting ulcer far earlier than at present commonly done on account of this possibility of malignant degeneration; that surgeons explore such patients earlier while radical cure is

still possible, and that the laity be taught so far as possible that cancer operated on sufficiently early can be cured.

—A. W. C. in Boston Med. and Surg. Jour.

Malignant Neoplasms of the Extrahepatic Biliary Ducts.

Dr. Renshaw, in *Annals of Surgery*, writes as follows:

Malignancy of the bile ducts, while less common than that of the gall bladder, is not uncommon. The ratio in a series of 104 cases of malignancy of the biliary ducts and gall bladder was one to four. Carcinoma is the most common type of neoplasm found.

Gallstones would seem to be of greater etiologic importance than is generally considered. Males and females are affected in the ratio of about two to one. About two-thirds of the cases occur between the ages of fifty and seventy years.

A diagnosis of malignancy of the ducts is uncertain. After a diagnosis of obstructive jaundice has been made, exploration is generally advisable. From the standpoint of slowness of growth and rarity of metastasis, surgical treatment should be favorable. Early treatment of disease of the gall bladder may occasionally prevent the development of malignancy. Operation on patients with jaundice carries a high mortality.—E. H. R., in *Boston Medical and Surgical Journal*.

Resection of Transverse Colon With Cancerous Stomach.—Dr. Noordenbos, in *Nederlandsch Tijdschrift, Amsterdam*, says that the operative mortality was 33.9 per cent. in the thirty-nine cases on record in which more or less of the transverse colon was resected en masse with the stomach. He has done this himself in two cases, and one of these patients is still in good health, eight years since the operation. The cancer was extremely cellular, glands were already involved, and the woman was only thirty-nine—which render the permanent cure the more remarkable. The interval since the first symptoms was only two months. The other patient had both syphilis and gastric cancer, and did not survive the operation. The ulcer was on the body of the stomach, and it had perforated into the colon, but the vomit was not fecaloid, except in odor, and there was no diarrhea or lientery, but a blue-tinted fluid injected into the rectum appeared in a few minutes in fluid aspirated from the stomach. The fistula was plainly evident in all of five roentgenograms taken in the course of six successive hours. He reproduces some of them.

The mortality from cancer of the stomach and liver, from 1908 to 1912, in the United States registration area, was 59.3 per hundred thousand population; 79.8, in Japan (1909-1910); 54, in Italy (1908-1912); 54.6, in Australia; 66.4, in Ireland; 126.9, in Holland; 141.3, in Switzerland (1906-1910); 72.7, in Uruguay; 2.71, in Ceylon (1911-1913), and 1.25, in Hongkong (1895-1904).

Relations Between Gastro-Intestinal Cancer and Female Genital Organs.—Dr. O. Frankl, in *Medizum Klinik, Berlin*, remarks that the frequent metastasis of cancer in the ovaries and in the pouch of Douglas, with primary

malignant disease in the digestive apparatus, throws light on metastasis in general. He has been studying ten certain and five dubious cases of metastatic ovarian cancer and sixty-five primary ovarian cancers and eleven secondary to cancer in the uterus. Transmission by implantation is rare with metastatic ovarian cancer. In all in this group, minute endolymphatic metastases were found in the uterus, while this was never found in the primary ovarian tumors. The minute daughter tumors on the uterus in twenty-three cases of primary ovarian cancer were unmistakably implantations. In thirty-six primary ovarian cancers there was no metastasis or implantation of any kind. Only with the gastro-intestinal metastatic ovarian cancers were the endolymphatic metastases found in uterus and tubes. Everything testifies that these metastases were secondary to the primary cancer, not a third generation, through the ovarian cancer. They all developed simultaneously, but the conditions for growth proved most favorable in the ovary. If an operation is attempted, the uterus must be removed entire. With a primary ovarian cancer this is not necessary. If the ovarian capsule is intact there need be no fear of implantation tumors. When contemplating an operation on cancer of the digestive apparatus, if the uterus and tubes are found abnormally hard, this change in consistency warns that metastasis is already installed. The endolymphatic metastatic tumor emboli plug the lymphatics and there is stasis of lymph, thickening of connective tissue, and a hardening of the entire organ. When a patient complains of suspicious stomach disturbances and the ovary is enlarged and hard and the uterus feels hard as cartilage, although not enlarged, we can be almost certain that malignant disease is installed in the stomach.

Primary Squamous-Cell Carcinoma of the Kidney, As a Sequel of Renal Calculi.

Dr. H. G. Wells, in *Archives of Surgery*, writes as follows:

The formation of keratinizing squamous-cell carcinoma in the renal pelvis is a rare occurrence. In the case reported, which is of this sort, the metaplasia of the transitional epithelium to the squamous form was apparently the result of chronic irritation from renal concretions.

Preoperative Treatment of Malignant Tumors of the Bladder by Radium.

Drs. Scholl and Braasch, in *Archives of Surgery*, write as follows:

Radium rays administered in small amounts definitely destroy the proliferative power of living cells. The activity of the cell is lessened, and it passes through a quiescent stage from which it gradually recovers, as the effects of the radium wear off. In many cases there is destruction of the nuclei, which is accompanied by an atypical cell growth and vascularization, and later by fibrosis. At the Mayo Clinic, the flat, infiltrating, rapidly recurring type of bladder tumor is exposed to radium before operation in an effort to reduce the activity of the malignant cells and prevent operative transplants and early post-

operative recurrences. Tubes of radium emanation are inserted through the direct cystoscope into the substance of the tumor, which later is removed surgically. Specimens for histologic study are removed from the tumor before irradiation, and their histologic structure is later compared with that of the surgically removed area. In the majority of cases there is a marked reduction in the size of the tumor, with a widespread and constricting fibrosis.

County Medical Societies' Reports

ATLANTIC COUNTY.

Clara K. Bartlett, M.D., Reporter.

On Friday evening, November 10th, the regular monthly meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Atlantic City.

Dr. E. E. Montgomery of Philadelphia, spoke on "Cancer." At first, it is a local condition. It is a disease of old age, generally occurring after 35 years, although earlier cases do occur. Hemorrhoids at the age of 70 may result in development of malignant disease at 80. It occurs in the breast from 40 to 55 years; from 55 to 70 years, not apt to occur; then at 70 years, again makes its appearance. It appears in the uterus from 40 to 60 years, but may occur later. It also may appear in women quite young. In such cases, prognosis is very unpromising. The result of an operation under 40 years of age is always in doubt. The reason is that at such age the lymphatics are still large and the opportunity to carry the disease is greater.

Cancer of the oesophagus and intestines is now likely to be conveyed to different structures than when in the uterus and organs where the walls are thicker. It usually occurs in the form of collections of epithelia which rapidly develops. These masses at first are nourished, later the vessels are closed and we find necrosis from loss of blood, the necrotic tissues sloughing. It is not a disease of micro-organisms. True, organisms have been found but investigation has disclosed the fact that these organisms are secondary infection results. When glands are infected, they are hard and matted together.

Cancer is associated not only with the breaking down of tissues but also with discomfort, loss of flesh and a low grade of temperature. The resulting cachexia is not the result of cancer, but is due to the absorption of toxic products; it is a low grade of septicemia. The cause is some ferment in the blood which comes in contact with some irritation. This is born out by the frequency of the disease in the cervix and in the lip of the smoker. No laceration of the cervix should be permitted to go without repair. Amputation of the cervix gives freedom from possibility of the disease. Cancer of the cervix is graver than of the body, because of the abundance of glandular structure involved. Treatment consists of extermination of the disease when it can be reached and when possible to get beyond it. The knife is most frequently used. Radium and roentgen rays,

when they can be applied, give marvelous results in many cases; sometimes effective when the knife is not. They prolong life and sometimes prove curative.

The first consideration is early recognition of the case. The earliest symptom in disease of the uterus is the presence of a thin, watery discharge, occurring at or after the climacteric. Any prolonged menstrual flow should also awaken suspicion. Increased pressure will lead to uterine hemorrhage in an effort to relieve hypertension. Pain is also present. But these are late symptoms and when they exist, results cannot be expected. In no disease is early investigation more important. It causes the death of one in 12, of those who have passed the age of 35.

Following the program, the annual election resulted in the following officers being chosen:

Clarence L. Andrews, president; Joseph Poland, vice-president; Edw. F. Uzzell, secretary and treasurer; Royal E. Durham, reporter.

BERGEN COUNTY.

Frederick S. Hallett, M.D., Reporter.

An adjourned annual meeting of the Bergen County Medical Society was held at the Union League Club, Hackensack, Nov. 14th, 8.30 P. M. In the absence of the president and vice-president, Dr. Hallett presided, twenty-five members being present. Drs. George W. Finke, R. E. Knapp and E. P. Essertier were elected annual delegates to the State Society. The Committee on Admissions reported favorably on the applicants for membership. The applicants will be voted upon at the December meeting.

The Scientific Committee had not provided a program and members were called upon for reports of interesting cases. Drs. Littwin, Adams, Bell, Corn and Alexander responded. After a social session the meeting adjourned.

BURLINGTON COUNTY

Daniel F. Remer, M. D., Reporter.

The Burlington County Medical Society met at Burlington on Wednesday, October 11, 1922, at 1 P. M., President Nathan Thorne, of Moorestown, occupied the chair.

A petition for membership was received from Dr. Inksetter, of Florence.

Dr. E. R. Mulford, of Burlington, arranged a splendid scientific program, "Pathologic Pregnancies," with specimen demonstrations by Dr. Edwin A. Schumann, of Philadelphia.

Dr. Schumann has appeared before the society several times and has always started interesting discussions by his talks. He took up "Tubal Abortion" and "Hydatid Mole," and talked on these subjects from a pathological and surgical standpoint.

Dr. C. N. Sturtevant, of Philadelphia, read a very interesting and instructive paper on "Pediatrics." Dr. Emlen Stokes, of Moorestown, then read a paper, including case history and treatment, on "Pyloric Stenosis in Infants."

Dr. Stokes' paper brought forth some very interesting discussions, in which Drs. Sturtevant and Schumann participated.

CAMDEN COUNTY.

Howard F. Palm, M. D., Reporter.

At the annual meeting of the county society, held October 10, the following officers were elected for the ensuing year:

President, Dr. William H. Pratt; vice-president, Dr. J. Edgar Howard; secretary, Dr. Thomas B. Lee; assistant secretary, Dr. Joseph E. Roberts; treasurer, Dr. J. E. L. Van Sciver; reporter, Dr. Howard F. Palm; historian, Dr. Daniel Strock; censor, Dr. William A. Wescott, 1927; trustee, Dr. A. Haines Lippincott, 1925.

ESSEX COUNTY.

Eugene W. Murray, M. D., Reporter.

The annual meeting of the Essex County Medical Society was held Tuesday evening, October 3, 1922. The meeting was called to order by the president, and there were 150 members present.

The reports of the various committees were received and discussed. The necrology committee offered resolutions on the deaths of Drs. McDonald, Patterson, Harold and T. Y. Sutphen. The resignations of Drs. Van Wagenen and Dougherty were received. I am enclosing the address of President F. R. Haussling. (This will appear in the Journal later.—Editor).

The election of officers resulted as follows: President, Dr. Augustus J. Mitchell; vice-president, Dr. Mefford Runyon; secretary, Dr. Frank W. Pinneo; treasurer, Dr. Robert H. Rogers.

GLOUCESTER COUNTY.

Henry B. Diverty, M. D., Reporter.

The Gloucester County Medical Society held its annual meeting, November 16, at Hotel Paul, which was concluded with a dinner.

Previous to the dinner, the members listened to a very interesting address by Dr. Christopher C. Beling, of Newark, who is recognized as an authority on nerve disorders and their treatment. The subject of his address was "Correlation of Mental and Physical Disorders from a Therapeutic Standpoint." Dr. Beling held the closest attention of the physicians for an hour and a half.

The following officers and delegates were elected: President, Dr. Edward S. Dillon, Woodbury; vice-president, Dr. Samuel Ashcraft, Mullica Hill; secretary and treasurer, Dr. George E. Reading, Woodbury; reporter, Dr. H. B. Diverty, Woodbury.

Censors, Drs. Harry A. Stout, Wenonah; James G. Hunter, Jr., Westville, and Cyrus Phillips, Pitman.

Delegate to the New Jersey State Medical Society, Dr. Edward S. Dillon, Woodbury.

Delegates to the Salem County Medical Society, Drs. Samuel Ashcraft, Mullica Hill; Elwood E. Downs, Swedesboro, and Wilson Stout, Wenonah.

Delegates to Camden County Medical Society, Drs. Charles Fisler, Clayton; H. B. Diverty, Woodbury; Samuel Ashcraft, Mullica Hill; James G. Hunter, Jr., Westville, and Ruth Clement, National Park.

Delegates to Cumberland County Medical Society, Drs. Cyrus Phillips, Pitman William

Brewer, Woodbury, and J. H. Underwood, Woodbury.

Delegates to Burlington County Medical Society, Drs. James G. Hunter, Jr., Westville; Harry A. Stout, Wenonah, and David R. Brewer, Woodbury.

Delegates to Atlantic County Medical Society, Drs. Cyrus Phillips, Pitman; James G. Hunter, Jr., Westville, and H. B. Diverty, Woodbury.

The society will give a testimonial dinner to Dr. James G. Hunter, Jr., of Westville, one of its members, in honor of the fact that he is the president of the New Jersey State Medical Society. Drs. H. B. Diverty, Woodbury; Harry A. Stout, Wenonah, and Duncan Campbell, Woodbury, were appointed a committee with power to act.

HUDSON COUNTY.

William Freile, M.D., F.A.C.S., Reporter.

The society gathered at the Carteret Club on Nov. 8th, 1922. On account of the change from Tuesday (being election day) to Wednesday, the meeting was not as well attended as the previous one. Dr. L. F. Donohue presided.

Dr. H. A. Haubold, Professor Clinical Surgery, Bellevue and University Hospital, gave a talk on "The Role of the Pancreas in Obstructive Jaundice."

He said: In this presentation I shall avoid the usual resume of the literature, interspersed with comment and occasional criticism, varied by agreement. I submit to you first of all a seeming heresy; that is, there is no such thing as hematogenous jaundice. The combat with regard to this dictum has waged for a considerable period of time. One may say, however, that it is a conception now generally accepted by continental surgeons and to a not inconsiderable extent by our own observers. Of the latter we especially refer to the work of Deaver and Whipple in this connection. In order to understand more fully the situation, we are reminded that in eighty-five per cent of the cases the choledochus is intrapancreatic (it passes through the head of the pancreas); in the other fifteen per cent it is extrapancreatic (it is situated behind the head of the pancreas). In those cases in which the duct is extrapancreatic, stone, even a huge one, is never attended with jaundice. When the duct is intrapancreatic, jaundice occurs when there is no stone in the duct. We therefore assume that even though it may be largely regarded as a heresy, it is permissible to say that what is responsible for jaundice is changes in the head of the pancreas with swelling, and pressure obstruction of the duct.

This brings us down to what the changes in the pancreas are, which cause them to become responsible for temporary or permanent occlusion of the biliary passages. Assuming what I say to be true, the problem becomes an exceedingly simple one and we may go back to the classification of our college days. That is, in a general way, the pathological processes in any given part, organ, or tissue, are quite similar to those which occur in the others. For our purpose we may disregard new growths—the causative relationship of

these, when they occur in the head of the pancreas, are definitely responsible for jaundice—and go on to a consideration of the infections. Here we again find our problem greatly simplified. These infections invade the head of the pancreas by extension from contiguous organs, or are hematogenous, or lymphogenous in origin. Of the first, infective processes of the stomach and duodenum are the most common. Of the second (the bacteremias), bacteremia typhosa, and the great number of groups of the so-called influenza bacteria, are the most frequent causative factors. The third comprise by far the largest number of cases, and here we have the mysterious right upper quadrant of the abdomen constantly invaded (by way of the lymph channels) by bacterial flora which finds its ports of entrance in the right iliac fossa, chiefly in the appendix and the female adnexa. In the course of the lymphatic transmigration, the head of the pancreas, with its embedded choledochus, becomes the seat of acute and chronic inflammatory processes, which, in the opinion of the speaker, is responsible for jaundice, and for the kaleidoscopic picture seen in this class of cases, in the vast majority of instances. Here then we have a concrete presentation. I feel that it will be regarded in the light of a heresy by a not inconsiderable number of my colleagues. It is most respectfully submitted for what it is worth.

Dr. William Pyle, Dr. H. S. Forman and others talked on the topic. Dr. Frank Bortone made a comprehensive statement when he said there was no necessity for assuming a pathology opposed to the conclusions of anatomy and physiology. Pancreatitis in various forms was not as uncommon as supposed. In one hundred and fifty cases of syphilis, the pancreas was found to be involved in every one. A good many cases of so-called catarrhal jaundice are of pancreatic origin, and not every case of presumed acute pancreatitis needs operation. He believed that the great majority of the pancreatic pathologies were due to lymphatic involvement in the vicinity, as in the great omentum, stomach, spleen, gall bladder, etc. He felt that some of these pancreatic sphincter, which Archibald called to the attention of the profession, and that this blockade eventually resulted in infection.

MERCER COUNTY.

A. D. Hutchinson, M. D., Secretary.

The Mercer County Component Medical Society held its annual banquet in the Carteret Club, November 9th. 75 members with their guests partook of a most sumptuous repast, enlivened by the strains of sweet music.

The society was highly honored with the presence of Dr. Hunter, president of the State Society, who made a short address, complimenting the members on their ability to respond in such large numbers.

Dr. Hawke announced the plans of the committee on the campaign during "Cancer Week," naming the several speakers for that time.

PASSAIC COUNTY

Leon E. De Yoe, M. D., Secretary.

The annual meeting of the Passaic County Medical Society was held October 11 at 8:45 P. M., President Marsh in the chair. There were thirty-one members present.

The treasurer's report was read and approved. The dues for the coming year were voted to be \$11.

Dr. Marsh reviewed the work of the past year and spoke on the subject of "Medical Ethics."

The following officers were elected for the ensuing year: President, Dr. Joseph A. Maclay; first vice-president, Dr. John N. Ryan; second vice-president, Dr. Thomas A. Dingman; secretary, Dr. Léon E. De Yoe; treasurer, Dr. Henry Cogan; censor, Dr. Elias J. Marsh.

Annual Delegates.—Drs. T. A. Dingman, J. A. Maclay, Jacob Roemer, Charles Harreys, Allan MacGregor, H. M. Stein, William Dwyer and Frank J. Keller.

A motion was carried indorsing the action of the Board of Health in advising the Schick test in the schools. The society also passed a motion indorsing the action of the Board of Health in recommending a full-time resident physician at the Isolation Hospital, in establishing a city pathological laboratory and in advising a full-time health officer for the city.

It was resolved that the president appoint a milk commission to supervise the production of certified milk in Passaic County.

Dr. Frank P. Eklings was elected to membership in the society.

WARREN COUNTY.

Charles B. Smith, M. D., Reporter.

The annual meeting of the Warren County Medical Society was held Saturday, November 11, at 11 o'clock in the parlor of the Hotel Belvidere, at Belvidere, with Dr. C. B. Smith, the president, in the chair.

Members present: Drs. Smith, Osmun, LaRiew, Cummins, McKinstry, Kline, Lefferts, Allen, Williams, Bossard, Burd, Curtis, Lyon, Mills, Shimer, Tunnison, Wolf and Zuck. Visitors: Drs. Louis Burkley, Easton; Russell Stone, Phillipsburg; William P. Vail, Blairstown; William J. Chandler, secretary State Medical Society, and Abraham Zingher, of New York City Board of Health. The visitors were invited to sit as corresponding members.

Dr. Smith, the president, spoke feelingly of the absence of Dr. J. Mitchell Reese, of Phillipsburg, whom death claimed since the last meeting. Doctor Reese was a valued member of the society and the community, and will be missed.

Drs. Kline, McKinstry and Zuck were appointed on the nominating committee.

Drs. Shiner, Kline and Zuck were appointed a committee to draft resolutions on the death of Dr. James Mitchell Reese.

Dr. Abraham Zingher, M. D., P. H. D., assistant director Research Laboratory, New York City Department of Health, gave a lecture and demonstrations of the "Technique of the Schick Test and Toxin-Antitoxin Immunization." During the lecture he talked of the

Schick test and exhibited the various outfits for the test and the methods of dilution of bulk toxin for schools and institutions, with a demonstration of the Schick test and reactions. He spoke of the types of mixtures used and of their standardization, safety and efficiency and the preparations of the mixtures. Four local children were present who had been given the test several days before the meeting, and they were examined by the members of the society.

Dr. Zingher was then elected an honorary member of the Warren County Medical Society, and a vote of thanks given him. Fifteen physicians took the test.

The nominating committee then reported having selected the following names for officers, for the consideration of the society: President, L. C. Osmun, Hackettstown; vice-president, A. C. Zuck, Washington; secretary, F. J. LaRiew, Washington; treasurer, G. W. Cummins, Belvidere; reporter, C. B. Smith, Washington; censor, three years, William C. Allen, Blairstown; annual delegate, William J. Burd, Belvidere; alternate to annual delegate, William Kline, Phillipsburg; permanent delegate, to succeed J. M. Reese, deceased, C. B. Smith, Washington. They were elected without opposition.

On motion, the censors of the society were instructed to inquire into the legality of any chiropractors practicing in the county, and if they found they were not legally registered to bring the matter before the county prosecutor.

The committee on resolutions, concerning the death of Dr. J. Mitchell Reese, of Phillipsburg, then reported the following:

Whereas, It has pleased Almighty God, in His allwise Providence, to remove from our midst an honored and dearly beloved brother, James Mitchell Reese, M. D., therefore, be it

Resolved, That we deplore the death of our late associate and would humbly take heed of the lesson taught by this Providence.

Resolved, That this society has lost a valued member, and that we bear testimony to his high standing in the medical profession and to his ability and zeal in the practice of his profession; to the devotion and duty which characterized his daily life, and his unceasing attention to the interests of our society.

Resolved, That we extend our deepest sympathy to his bereaved family and his large circle of friends.

Resolved, That a copy of these resolutions be spread on the minutes, and the secretary of this society be ordered to send a copy to the widow of the deceased, and a copy to the newspapers.

Drs. Floyd A. Shimer, William Kline and Arthur C. Zuck, committee.

The following applications were received for membership in the society: John I. B. Vail, Blairstown; William Penn Vail, Blairstown; Russell B. Stone, William Dana Pursell, Guernsey F. West, all of Phillipsburg, and L. F. Burkley, Easton, Pa.

Dr. William J. Chandler, State secretary, then outlined the work of the State Society and the benefits of membership in the county and State Society.

Dr. William C. Albertson, of Belvidere, was reported as being on the sick list. On mo-

tion, it was ordered "that the society remember Dr. Albertson in his illness and express their sympathy by a bouquet of flowers."

TRI-COUNTY MEDICAL SOCIETY.

Charles B. Smith, M.D.,

The Tri-County Medical Association held their annual meeting at Hackettstown, Warren County Tuesday, October 17th. There were thirty members present. The following members were elected as officers for the ensuing year: President, Blaise Cole; first vice-president, W. F. Costello; second vice-president, F. W. Curtis; secretary, Chas. B. Smith; treasurer, F. W. Flagge; Executive Committee, J. G. Coleman, J. Walters, F. J. LaRiew; Finance Committee, F. H. Morrison, J. M. Reese, G. A. Becker.

The annual address given by Dr. Frnacis Ashley Faught of Philadelphia, on "Some Modern Views on Blood Pressure," was of such merit that the society requested the doctor allow the paper to be published in our State Journal.

BAYONNE MEDICAL SOCIETY.

M. I. Marshak, M. D., Reporter.

The Bayonne Medical Society held its regular meeting on November 20, 1922, Dr. W. L. Williamson presiding.

Dr. Klugman reported a case of profuse and prolonged bleeding, following the use of leeches. Dr. Frank reported a case of bleeding from the umbilicus and the muscosa in an infant, cured by horse serum. Dr. Forman asked about the possibility of syphilis being the cause of the hemorrhage in this case. Dr. Tepper reported cases of mother and daughter who were bleeders, the coagulation times were twenty-two minutes and nineteen minutes, respectively.

Dr. Brooke reported a case illustrating the necessity of keeping a patient in bed for a time after the injection of foreign protein. The patient felt better, and went to the bath room, against instructions, where he collapsed and died. He also reported a case of arrhythmia with murmurs both at the apex and base of the heart, and all the signs and symptoms of broken compensation, including edema and ascitis. He also had albumen and casts in the urine, with a marked anemia. marked pyorrhea was present. Proper attention to the teeth cleared up the entire picture.

Dr. Skladzien reported a case with symptoms of appendicitis. An enema brought to light a fishbone. The patient claims that he had not eaten fish for years.

Dr. Shapiro reported a case of apparent pemphigus, which proved to be hereditary syphilis. The skin cleared up under salvarsan, in one week's time.

Dr. Frank gave a short talk on "Fractures of the Spine." He illustrated the talk with x-ray plates. The plates taken in series showed the gradual union of a fracture of the body of the four lumbar vertebra, with complete cure. The patient, a boy, had fallen a few months previously and had gone on playing, as if nothing had happened. This went on for some time, until his mother noted a marked protrusion of the child's abdomen. Examination showed this protrusion, and

that it was due to a marked lordosis. The spine was movable in all directions, except forward. A diagnosis of fracture was made. Potts of the spine was ruled out, because of lack of kyphosis and rigidity. The patient was placed in a cast and the deformity corrected.

Dr. M. J. Raisbeck, cardiologist at the Flower Hospital, New York city, gave a talk on the "Diagnosis and Treatment of Cardiac Irregularities," illustrating the talk with lantern slides. (An abstract of this talk is enclosed). Dr. Brooke opened the discussion. He said that the talk was the most intelligible presentation of the subject that he had ever heard. He asked about the dosage and use of quinidin. He felt that this drug was dangerous to use, without the use of the electro-cardiograph.

Dr. Donohoe stated that the electro-cardiograph was a great help in studying heart conditions. He asked about the dosage and use of digitalis in these conditions, and whether the nitrites were ever used. Dr. Sexsmith asked for further information as to the use of the sphygmomanometer in obtaining the "pulse deficit." Dr. Larkey stated that a few minutes before impending shock, he had noticed a fall in blood pressure. He wanted to know if Dr. Reisbeck could give him any more information on this subject. Dr. Frank asked for information about two cases, which he cited. Dr. Klugman wanted to know if there was any difference whether the tincture or the infusion was used.

Dr. Reisbeck, in closing, said: "That digitalis may not effect every case. The dosage depends on the amount of active drug present in the preparation. He would prefer to use preparations standardized by the cat method. The proper dosage for complete digitalis action was 10 to 15 cat units. The rapid method was to use one-half of the total number of units, if no digitalis had been given within two weeks. The toxic effect should be apparent in 6 hours. If there is no marked slowing of the pulse and no nausea, give 5 cat units, 6 hours later if there are no symptoms of toxic effect give 2 and one-half units. Then if no toxic effect give one cat unit every 6 hours. If there is no urgency it would be better to give 3 to 4 cat units a day. In counting the pulse for slowing, one should make the count at the apex. All digitalis preparations will produce nausea, due to reflex from the heart. Quinidin acts in about 50 per cent. of cases with auricular fibrillation, best in cases of short duration and in those where it is not persistent. 3 grains are given in the morning. If there is no nausea or buzzing in the ears, 6 grs. are given every 6 hours for 5 to 6 days. If there is no effect at the end of that time, the drug should be stopped. If the drug does not bring the heart to a normal rate, it will increase the rate and damage the ventricle. The fibrillating auricle is in a state of dilatation in which thrombi are liable to form, from which contractions may cause an embolus to be thrown off. Nitrites have only a temporary effect. In acute conditions will ease the load. Shock is a vaso-motor paresis, not a heart effect."

Medical Section of Rutgers Club

A largely attended meeting of this club was held November 15 at the New Brunswick Country Clubhouse, Vice-President Brown presiding. It was preceded by a fine dinner. Dr. W. G. Herman, president of the Asbury Park Practitioners' Club, read an excellent paper on "Diagnosis of Disease by the Roentgen Rays and the Fluoroscope." He exhibited a large number of lantern slides, mainly of cancers and ulcers of the thoracic, gastrointestinal and pelvic cavities, and urged the importance of early diagnosis.

SUMMIT MEDICAL SOCIETY

William J. Lamson, Secretary.

The regular monthly meeting of the Summit Medical Society was held at the Canoe Brook Country Club on Friday, October 27, at 8:30 P. M., Dr. Moister and Dr. Prout entertaining, and the president, Dr. Moister, was in the chair.

Present—Drs. Alexander, Baker, Bensley, Bowles, Campbell, Clark, Dengler, English, Falvello, Keeney, Lamson, Lawrence, Meigh, Moister, Morris, Pollard, Prout, Reiter, Smalley and Wolfe, and about fifteen guests from Elizabeth, Morristown and Orange.

The address of the evening was delivered by Dr. S. P. Goodhart, clinical professor of neurology in Columbia University, New York city. He gave a very interesting demonstration, by means of the cinematograph, of various forms of disordered motility. It included the spasmodic manifestations following in the wake of encephalitis lethargica, some cases of dystonia musculorum deformans, the choreas, athetoid movements and some of the more familiar types of nervous diseases, such as tabes and multiple sclerosis.

The doctor made, during the course of the demonstration, some very interesting observations on the character of the various movements and some newly-observed muscular actions, which were very clearly portrayed by means of "slow motion." He also spoke of the differential diagnosis between these and the hysterical conditions; also the newer conception of the pathology of some of these affections.

A rising vote of thanks was heartily given Dr. Goodhart for his instructive address.

NEW JERSEY SANATORIUM ASSOCIATION

This association was recently organized, consisting of medical directors, medical superintendents and physicians, who are actually identified with the various sanatoria throughout New Jersey. The officers are: Dr. Samuel B. English, Glen Gardner, president; Dr. Marcus W. Newcomb, New Lisbon, vice-president; Dr. B. S. Pollak, Secaucus, secretary-treasurer.

Dr. Isadore Kaufman, of Philadelphia, read an able paper on "Rest and Exercise in Sanatorium Treatment of Pulmonary Tuberculosis."

Meetings are to be held quarterly. The next meeting of the organization will be held at the Union County Sanatorium, Scotch Plains, N. J., on the third Friday in January, 1923.

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE.—The transaction of business will be expedited, and prompt attention secured if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR, New Brunswick.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE, Newark

ANNUAL MEETING STATE SOCIETY

The next annual meeting of our State Society will be held in Haddon Hall, Atlantic City, N. J., June 21, 22 and 23, 1923. The hotel offers very reasonable rates and best possible provision for our care and comfort.

ANNUAL MEETING OF A. M. A.

The next meeting of the American Medical Association will be held at San Francisco, Cal., during the week of June 25, 1923. We are now making arrangements for the trip, with all possible comfort and convenience for those who wish to attend the meeting.

Special trains and cars will leave New York and Philadelphia in ample time for those who wish to attend. Please send your name to William J. Chandler, secretary, and full details will be forwarded to you.—William J. Chandler, South Orange, N. J.

DON'T FORGET YOUR DUES

The annual dues of members of the State Society for 1923—eight dollars—are payable on or before January 1, and must be sent by the county treasurers to Treasurer Marsh. of the State Society, within a week thereafter if the

members' names appear in the printed official list that will be issued with the February Journal. This is a matter of great importance to our members and payment on time should not be neglected.

The Editor sends cordial greetings to the readers of the Journal, wishing each a

Merry Christmas

and a

Happy New Year

VOLUME XIX—1922.

We close another year of our Journal with this issue. It has been a prosperous year for our Society. We had one of the best annual meetings ever held; the work of the committees was never better, that of the Welfare Committee being of exceptional well-doing, both for the profession's and the public's welfare. The membership of the Society has increased and, we believe, is generally more active in service. The editor has tried, in spite of unusual hindrance, to make the Journal more worthy the society it represents, and he has strong hopes for still better months to come.

The Editor thanks the secretaries and reporters of county and local medical societies and hospital staffs who have sent reports of their meetings. They are honoring their societies by giving report of the good work they are doing and by that means are enabling our Journal to show that the medical profession in New Jersey is active and progressive.

One of the most hopeful signs of the times for our profession is the evidence of recognition of responsibility for official position on the part of officers of our State and county medical societies, and of the deep appreciation of the members of these societies of the faithfulness of such officials. We are pleased to note, as illustrations, the complimentary dinners to be given to Dr. Daniel Strock in recognition of his many years of faithful service as secretary of the Camden County Society, and to Dr. James Hunter, Jr., for his devotion to our State Society.

We regret to hear, as the Journal goes to press, of an accident that oc-

curred to our secretary, Dr. Chandler, while in Chicago recently, being knocked down by a taxi, as he was leaving the station and suffered a leg injury. While not serious it interferes with active work, and he is resting in the south for a short time. Letters will reach him early if addressed to South Orange.

We take pleasure in calling attention to Dr. Wells P. Eagleton's book on "Brain Abscess; Its Surgical Pathology and Operative Technic," just issued. At our request Dr. Linn Emerson will review it in the next issue of our Journal. We believe it to be as one physician says: "A distinct advance in the understanding of brain abscess—a milestone." We are proud to say it is a book written by a Jerseyman we all know and whose work in our Society we heartily endorse.

BENJAMIN FRANKLIN AS A MEDICAL CONTRIBUTOR

It appears, according to the Journal of Florida Medical Association, that in Franklin's day there was little or no medical literature in America. That in 1785 he invented bifocal lenses, a flexible catheter, and contributed to the treatment of nervous diseases by electricity. He wrote on deafness, gout, sleep, lead poisoning, heat in the blood, infection from dead bodies, death rate in infants and medical education. He wrote a history of the Pennsylvania Hospital, of which he was the principal founder (1751). He also wrote a pamphlet on inoculation in smallpox.

MEDICAL RESEARCH IN AMERICA

Dr. W. S. Lazarus Barlow, professor of experimental pathology at the Middlesex Hospital of the University of London, who has been visiting the medical centers in this country, has stated that the resources for medical progress in America exceed those of any other country, especially along research lines. He explains this in referring to the wealth of the United States, together with extraordinary facilities. With justifiable loyalty to his own country he says that "We in England have the men, but we have not the facilities," and further raises the question as to the ability of Americans to develop men of a type equal to those of the older country. If such men can be found in America he

concedes the probability of the greatest possible progress in medical research. He explains his meaning in allusion to facilities by referring to the Crocker Institute for Cancer Research, the Rockefeller Foundation and our supremacy in the amount of available radium.

We trust that we, as a nation, are as modest as any other, but we may be pardoned for believing that in addition to the facilities we are developing the kind of men who will carry on the highest type of research work.—Boston M. & S. Jour.

PHYSICIANS NEEDED.

Columbia University is one of the most richly endowed and the largest of the universities, and its school of medicine has been one of the most progressive in adopting new laboratory courses and enlarging its curriculum. In his annual report as president of the university Dr. Nicholas Murray Butler presents some important matters in regard to medical education. "The true aim of the medical school," says President Butler, "should be to give instruction in fundamental principles and methods, to bring the students into contact with realities, to train him in habits of observation and inference as to physiological and pathological phenomena, and to give him knowledge of where to look for the additional or specialized information that he may need before his own experience has sufficiently widened and deepened to bring it to him."

President Butler realizes that the purpose of the medical school is primarily to train physicians, and not scientific investigators. "It would be a sorry day," says Dr. Butler, "for the public health and for the public satisfaction if the physician of large, practical experience, wide human sympathy and keen insight into human nature were to yield his place to the expert with the microscope and the test tube. The scientific aspects of medicine must not be permitted to override its human aspects."

Dr. Butler has put into words a feeling which is prevalent throughout a large portion of the medical profession. The true province of the physician is to heal the sick. Under the rapid development of specialism in medicine this function has been lost sight of in some of the larger medical schools, which train scientific investigators instead of

physicians. There is a need for scientific investigators, but the crying need is for men of broad, medical education whose senses and powers of observation, as well as their minds, have been carefully trained; men who depend mainly on their own trained powers of observation and deduction rather than on the differential blood count, the sphygmographic tracing of the electrocardiogram, or the findings of the test tube. All of these aids to diagnosis are of value and should be made use of, but none of them can take the place of the trained and acute observer.

The leaders in medical education have made the mistake of trying to combine the laboratory specialist with the general practitioner, and as a consequence the public has suffered and is suffering from a dearth of doctors.—N. Y. Med. Jour. and Medical Record.

THE RISE OF GROUP MEDICAL PRACTICE

We insert this editorial, taken from the A. M. A. Journal, of October 21, 1922, believing it to be worthy of careful consideration:

It is no new thing to refer to the restlessness which today agitates the collective mind of the medical profession as well as that of every social class and body. Not only have those who have taken special interest in medical practice given thought to these questions, but everywhere the rank and file, the general practitioner as well as the specialist, are discussing the future of the practice of medicine. At the last annual session of the Ohio State Medical Association, Dr. Martin H. Fischer, of the University of Cincinnati, presented some views on these problems; he called for a harking back to the past, and for a recognition of the dignified origins from which modern medicine sprang. To the development of the crowd mind, Professor Fischer ascribes most of our unfortunate tendencies; the many who would emulate the success of the few, witnessing the financial rewards of the large groups and specialists, form new groups and also become specialists, though not willing to secure the adequate training responsible for success. Both the medical profession and the public suffer through the subsequent failure of such institutions and men in the practice of medicine. The present

doctor, Professor Fischer says, "has sacrificed his individuality—the thing through which alone he has gained his public standing historically or in the present. Never before has he affected a community through mass action, and it is safe to predict that through such action he never—lastingly—will." Furthermore, Dr. Fischer lays the blame for present conditions on the medical profession itself. "If the medical profession has problems, it is because it has either voluntarily relinquished what it should have held, or done badly what others have done better." The text that he preaches is the necessity for restoring public faith in the physician. The old personal relationship between physician and patient—an impossibility in the group—must be restored. Dr. Fischer likens the service of the group clinic to that of the cafeteria, in which one can serve oneself to a diagnosis, as one serves oneself to a meal:

One starts with a numbered card and buys himself at different counters and from different men a general examination, an investigation of the throat, a roentgen-ray plate of the gallbladder, a dental overhauling, a surgical operation, and a plaster cast for the foot. Each item carries its price, which is punched on the ticket. What the scheme takes no account of is that the patient does not care whether he has Hirschsprung's disease, erythema nodosum or pseudohypertrophic muscular atrophy. What he is after is a plain statement of what is the matter with him, and whether he can be "cured" or not; also there is wanted a little appreciation of his state of mind and some understanding of the economic hardships of his family in the interim of being ill. The food counters do not carry these dishes.

"The medical profession," Professor Fischer says, "will increase or lose its public power only as the collective expression of the people's faith in the individual doctors who touch them." The greatest medical achievements were not those of men working in great organizations, but of individuals utilizing to the utmost each his own opportunities. Boerhaave changed all of European medicine with twelve beds. Corrigan rewrote the chapter on heart disease with only six, and Kulz, whose work fills one-third of all the volumes on diabetes, had only two patients. It is time for the medical profession to discard the commercialism and the selling methods of the store, and to return to the methods of the fathers in medicine. It is a time for physicians with kindness, tolerance and large understanding, the skill of

hand, the skill of mind and the resourcefulness of previous generations.

THE INDIFFERENCE OF THE MEDICAL PROFESSION IN LEGAL MATTERS.

From the New York State Med. Jour.

Experience has taught us that when we want to really accomplish a task it is better to give it to a busy man; when we want it to be done more rapidly and with accuracy we assign it to a very busy man. The medical profession has taken this so literally that when legal enactment is threatened they sit back supinely trusting that their duly elected officials will do all that is necessary to protect them, and just as thoroughly determined that they will do nothing to protect themselves—a most instructive example of “expectant treatment.”

Is it not about time that we awake to the needs of self-defense? Each time the houses at Albany adjourn without actually declaring the practice of medicine to be a felony, the profession takes a long breath, and with a feeling similar to Micawber, on the first of the year, when he renewed his I. O. U.'s, they “thank God that’s over.”

The chiropractors think enough of legalizing their chicanery to pledge large sums for the furtherance of their interests—they pay the legal profession well to defend them—they appear both in person and by testimonial—they plead persecution and prosecution—they weep great salt tears on the shoulders of our lawmakers, while at the same time they are stealing the lawmakers’ birthright, viz., safeguarding the public from quack and charlatan.

Let the medical profession start its own public propoganda. Tell the people the truth. We plead only for a just and proper legal restraint and a regents’ control which is applicable to all professions in the State. We think there is a difference between six years in the study and preparation for a medical career and six weeks in the preparation of a chiropractic. We don’t believe that a chauffeur, who could not write his name, is qualified to be a full-fledged chiropractor or anything else in the above time. We may be prejudiced, but we state it as an honest conviction. On the other hand, ought we to blame the embryo chiropractor? It is a short-cut to a gullible

public—the Palmer School, which dominates the advertising, pleads his cause for him and does it well. He has only to raise funds to pay for the course, save sufficient to purchase a sign and table, and there you are—perfectly simple, simply perfect.

It is unfortunate that the medical profession does not take on self-insurance—pay dues to the State Society sufficient to maintain the proper machinery for its own protection. We pay two or three hundred dollars yearly as dues in a golf club—health insurance. Think of it—three hundred dollars for health and amusement, and the Medical Society of the State of New York gets five dollars each from its 9,500 members to carry on the work of survival, not to mention the 5,500 other physicians in the State who do not care enough about medical matters to even belong to the State organization.

We never will be able to do the medical business of the State on a five dollars per capita basis. Let the need of a greater revenue be agitated and published, and we believe that with better organization and a wider knowledge of facts and the good accomplished both profession and laity will realize their mutual obligation.

(This applies to New Jersey, as well as New York, and should have our members’ consideration and action.—Editor.)

DOCTOR, STAND UP AND BE COUNTED!

It is high time that the members of the medical profession bring the public to a realization that medicine is a big business and that the men engaged in it are deserving of respect and confidence. The psychological effect of such a campaign will be to have the lobbies of the legislative halls crowded with medical men who have been trying to get into the meetings and to have people talking about the big gatherings the doctors are having.

Doctor, what do you represent in your community, or rather, what do you think you represent? “As a man thinketh in his heart, so he is,” If you think you are engaged in a worthy and reputable business, you will stand up, with your shoulders back, and insist upon proper recognition. If you are ashamed of your

profession, you will apologize and deprecate and people will treat you accordingly, and think of your profession in the same way.

Ford, Rockefeller and all the other millionaires do not do as much for humanity and for the happiness of the world as is done by the medical profession every year. The medical man should feel that he is a great factor in the world, that he is continually building up something worth while for those who are unfortunate. He should think of himself as a builder of affairs for the future, and in thinking so he will be a better physician. And will develop a more favorable sentiment for the great profession in which he is engaged.

Three reports of medical society meetings came too late for insertion this month; they will appear next month. Some sent lists of newly-elected presidents, secretaries and reporters to the Editor, instead of the secretary, which delays insertion of them until next month in the table in our advertisement columns.

We are compelled to defer insertion of some excellent papers, for a month or two, because of space required for those promised this month, by the large number of papers received and by late matter requiring early insertion. The annual meeting papers of Drs. Allen and Orton, too long deferred, will appear next month.—Editor.

ACADEMY OF MEDICINE, NORTHERN NEW JERSEY.

The stated meeting of the academy will be held on Wednesday, December 20, at 8:30 p. m. After the regular routine business, the paper will be presented by Dr. George V. Vincent, president of Rockefeller Foundation, New York city, on "Medical Work of the Institute Throughout the World."

The section on eye, ear, nose and throat will meet December 11, at 8:45 p. m. Reports of cases will be made by Dr. H. R. Orton on "Unusual Dilation of the Esophagus," and by Dr. J. Chattin, two cases of "Sympathetic Ophthalmia." A case will be presented by Dr. G. P. Holmes on "Congenital Absence of Nasal Bones." A paper will be read by Dr. John Wheeler on "Modification of Enucleations of the Eyeball."

The section on medicine and pediatrics will meet December 12 at 8:45 p. m. After regular business, cases will be presented. Six by Dr. Julius Levy, three by Dr. E. Yadowsky and three by Dr. J. Polevski. Dr. Maurice Asher will make report of gastro-intestinal cases.

The sections on obstetrics and gynecology and on surgery will meet Monday, December 18, at 8:45 p. m. After regular business and reports of cases, Dr. Alfred C. Beck, of Brooklyn, N. Y., will read a paper entitled "Is Interference Justifiable After Twenty-four Hours of Labor, When No Other Indication Is Present?" The meetings will all be held at the Academy, 91 Lincoln Park, Newark.

NEW JERSEY SANITARY ASSOCIATION

The forty-eighth annual meeting of this association is being held in Lakewood, December 1 and 2, as our Journal goes to press, with large attendance and a splendid program. Dr. C. V. Craster presiding and giving an address on "Municipal Zoning and Health." Among the authors and discussions of papers were Drs. Emerson, Park and Armstrong of New York; Professor Winslow, of Yale University; Civil Engineers Hansen and Potter, of New York; Drs. Casselman, Eagleton and Brinkerhoff, of New Jersey, and others. We will give a brief report in next month's Journal.

Resolutions Adopted by the National Association of Retail Druggists at Detroit, September 28, 1922.

Whereas, The subject of narcotic drug addiction representatives in the American Drug Trade Conference, have been asked to co-operate with a committee of the Council on Health and Public Instruction of the American Medical Association and representatives of the Narcotic Drug Control League of New York, in the drafting of a Model State Narcotic Law, and

Whereas, The subject of narcotic drug addiction and the treatment of addicts is one upon which physicians of the country are divided,

Therefore be it Resolved, That the National Association of Retail Druggists postpone action upon any suggested Model State Narcotic Law, pending a comprehensive, unbiased and fearless investigation of the narcotic drug situation.

Resolutions Adopted by the New York Pharmaceutical Conference

At a Regular Meeting held October 13th, in New York City.

(The New York Pharmaceutical Conference is a delegate body representing twenty local pharmaceutical associations in New York City and vicinity).

Be It Resolved, That the N. Y. Pharmaceutical Conference hereby expresses its disapproval of the effort recently made by the committee on narcotic drugs of the Council on Health and Public Instruction of the American Medical Association to secure pharmaceutical endorsement of a so-called "model" State narcotic law while so many problems relating to the medical treatment of drug addiction are in dispute, and strongly opposes the adoption of any "model" narcotic law, pending a thorough investigation of the entire narcotic drug situation, including the present bureaucratic method of administering the Harrison Law.

Note: The above is a remarkable presentation of the real facts in the narcotic situation. It presents data of record which cannot be impugned. Why did the facts have to be told first by a druggists' journal? Why have the medical journals of the country kept up in ignorance of these things until the subject matter spread over the entire country and a druggists journal had to expose the facts in order to save the profession and the public from the menace?—Exchange.

Hospitals; Sanatoriums

State Hospital Dinner.—About 700 roast chickens were served patients and employes of the State Hospital at Morris Plains as a feature of the Thanksgiving Day dinner.

Boonton's Firemen's Hospital.—The managers of the State Firemen's Home at Boonton have applied to the State authorities for the construction of a hospital at the home. It was the unanimous opinion of those present that Boonton, once a building is provided, could provide \$5,000 or \$6,000 a year to make up a deficit expected by the board of managers. About seventy-five men and women were present, forming an organization to be known as the Boonton Hospital Committee. Dr. W. J. Summers was elected chairman.

Paterson General Hospital.—The building fund campaign to raise \$400,000 has already exceeded that amount. Dr. W. B. Johnson, campaign manager, says it will reach at least \$450,000.

Monmouth Memorial Hospital.—Dr. Harry B. Slocum was elected chief of staff of the Monmouth Memorial Hospital at the meeting of the board of governors Nov. 11th, succeeding the late Dr. Edwin Field. He is a graduate of the College of Physicians and Surgeons of New York and has been a member of the hospital staff for fifteen years.

Muhlenberg Hospital, Plainfield.—Congressman E. R. Ackerman has sent the following offer to the committee in charge of the campaign to raise money for the enlargement of the hospital: "I will give the sum of \$20,000, payable \$10,000 in December, 1922, and \$10,000 in 1923, as needed, for the purposes of enlarging the hospital in the direction indicated, provided the amount of \$115,393 is subscribed in full by the general public and collected by you for the other items in the budget."

Phillipsburg to Have a General Hospital.—A general hospital is to be established in Phillipsburg, instead of a maternity hospital and infanteriorum. The trustees so decided, after being urged to do so by the citizens.

Salem County Memorial Hospital.—Dr. James reports for October as follows: Admissions, 61; discharges, 60; births, 7; deaths, 1; x-ray cases, 20; operations, 38; outdoor patients, 32.

Hospital Additions.—An addition will be erected at the Paterson General Hospital at a cost of \$400,000. A new children's ward is under construction at the Cooper Hospital, Camden, which will increase the capacity of the hospital to 200 beds. Plans have been completed for the \$300,000 addition to the Newark City Hospital. Bids were let, November 1, for the new hospital building to be erected for the Irvington General Hospital.

Place of Hospital in Community.—Each hospital as an institution should be accepted by its own particular public much the same as its schools, churches, financial centers, etc. If hospitals are ever to reach the heights of efficiency they must be relieved of the stigma of being classed as charitable institutions, and signs are already appearing to lead us to hope that in this respect changes for the better are coming about.—N. E. Ermus and M. LeJeune, Hospital Social Service.

Bonnie Burn Sanatorium

Dr. John E. Runnells, superintendent, reports that on October 1 there were 2426 patients in the sanatorium, 144 males and 102 females. During the month sixteen patients have been admitted, nine males and seven females. Five of these admissions went to the preventorium. The admissions are classified as follows: Pretubercular, 5; incipient, 1; far advanced, 10. The largest number of patients present at any time during the month, 246; smallest number, 227; present, October 30, 228. This includes sixty-three children in the preventorium.

Marriage.

ILL—SEYMOUR.—In Newark, N. J., November 27, 1922, Dr. Carl H. Ill, son of Dr. Charles L. Ill, to Miss Jeannette R. Seymour, both of Newark.

Deaths.

FIELD.—At Red Bank, N. J., October 27, 1922, Dr. Edwin Field, aged seventy-three years. Dr. Field was born in Middletown Township, near Red Bank. After a good preliminary education, he studied medicine; graduated from the College of Physicians and Surgeons, New York city in 1873; began the practice of medicine in Red Bank in 1876, making a specialty of surgery. He was a member of the staff of the Monmouth Memorial Hospital, Long Branch; a fellow of the American College of Surgeons, a member of the American Medical Association, State Medical Society, Monmouth County Medical Society and Practitioners' Society of Eastern Monmouth. He was one of the organizers of the Monmouth Boat Club, of which he was president at the time of his death, and a charter member and first exalted ruler of Red Bank Lodge of Elks. He also was a past-master of Mystic Brotherhood Lodge, F. and A. M., past high priest of Hiram Chapter, R. A. M., and past commander of Corson Commandery, Knights Templar, of Asbury Park.

GROSZMAN.—In Plainfield, N. J., October 2, 1922, Dr. Maximilian P. Groszman, aged 67 years. He was the founder of the National Association for the Study and Education of Exceptional Children. During the war Dr. Groszman was in the service of the government directing some of the psychological and psychopathic work of the army. He lectured at the Newark Normal School for several years, in the course of child study and psychology prior to the war. His greatest in-

terest was in infant psychology and his work and discoveries in the study of atypic children and the theories he propounded concerning children of sub-normal and super-normal mentality won for him a wide fame. It was his contention that standard ages did not exist, and that a child who was backward in school was not necessarily mentally deficient.

IN MEMORIAM.

James Mitchell Reese.
An Appreciation.

Born in Phillipsburg, N. J., July 27, 1858, Dr. James Mitchell Reese died in the same city November 5, 1922, after residing in that city all his life.

He was a man of high standing in his chosen profession, placing service above self, as was evidenced by his ability and zeal in the practice of his profession. His devotion to duty, which characterized his daily life as a physician, was evidence of his high ideals.

Dr. Reese was "a servant of all," and therefore was the "greatest of all," as an exemplification of the Great Man of Nazareth, than Whom no greater has lived in the history of the world, Who caught the inspiration of the golden rule, Who placed service above self, and Who said to His disciples: "If you would be the greatest of all be the servant of all."

He won the praise of his fellowmen by his ideals and his activities in whatever position of responsibility he was placed. When the summons came and the announcements were placed in the newspapers of his native city they were unanimous in saying: "The death of Dr. James Mitchell Reese removes one of the foremost citizens of Phillipsburg and a leading physician of Northern New Jersey."

He was willing to serve constantly to the best of his ability and sacrifice many things to be of some good in this world and to make the world a little more fit for others to live in.

F. J. La Riew, M. D.

Personal Notes.

Dr. Eugene H. Pool, New York, former lieutenant-colonel U. S. Army, a grandson of the late Dr. J. A. Pool of New Brunswick, N. J., has been awarded a distinguished service medal for valuable service in the care of wounded in hospitals at the front during the St. Mihiel and Meuse-Aargonne offensives in France.

Dr. James Spencer Brown, Montclair, and wife have gone to their winter home at Pinehurst, N. C.

Dr. Henry A. Cotton, Trenton, addressed the annual meeting of the Monmouth County Dental Association last month.

Drs. C. Percy Lummis and Thomas J. Smith, Bridgeton, were recently elected members of the executive committee of the Bridgeton branch of the American Red Cross.

Dr. Martin I. Marshak, Bayonne, resigned superintendency of a tuberculosis sanatorium in Colorado and resumed practice in Bayonne.

Dr. Philip Embury, Basking Ridge, recently addressed the Medical Day Luncheon Club, of Bernard Township, on the problem of "Sewerage Disposal for Bernardsville."

Dr. Thomas P. Prout, Summit, addressed All Souls Forum recently on "A Little Journey into Practical Psychology."

Dr. William H. Lawrence, Summit, has recovered from an operation performed by Dr. Brewer in the Presbyterian Hospital, New York City.

Dr. Warren H. Fairbanks, Freehold, won a suit against a patient recently, whom he attended for typhoid fever, charging \$3 per visit, the defendant contesting that \$2 was the regular charge for a visit.

Dr. Joseph Stokes, Moorestown, announces his retirement from active practice.

Dr. George T. Tracy, Beverly, has returned from a three months' trip abroad.

Dr. Rusco M. Nittoli, Elizabeth, has been awarded the distinguished service medal, for services rendered during the World War at Base Hospital No. 67.

Dr. William P. Watson, Jersey City, consulting medical director of the Prudential Insurance Company of America, has donated the sum of \$5,000 for the establishment of a permanent fund, to be known as the Dr. William Perry Watson Foundation in Pediatrics, to the College of Physicians and Surgeons of Columbia University, New York, his alma mater. The annual income of this fund will be given in cash to the member of the graduating class showing the most valuable work in the study of the diseases of children during a regular course at the college.

MEDICAL EXAMINING BOARDS' REPORTS

	Exam.	Passed.	Failed.
Alabama, July	26	25	1
Colorado, January	8	3	5
Connecticut, July	33	28	5
Dist. of Columbia, April 11	11	7	4
Florida, June	39	25	14
Maryland, June	68	66	2
Minnesota, June	46	45	1
Nebraska	41	40	1
North Carolina, June. 45		37	8
Pennsylvania, July ...	48	36	12
South Dakota, July... 10		10	0
Texas, June	67	67	0

National Board of Medical Examiners.—

The board announces the following dates for its next examinations: Part I, February 12, 13 and 14, 1923; Part II, February 15 and 16, 1923. The fees for these examinations have been continued at the reduced rate for another year. Applications for these examinations must be forwarded not later than January 1, 1923. Application blanks and circulars of information may be obtained from the secretary of the national board, Dr. J. S. Rodman, Medical Arts' Building, Philadelphia, Pa.

Public Health Items.

Good Health Record for 1922.—The Statistical Bulletin of the Metropolitan Life Insurance Company shows that, for the first nine months 1922, the health record is better than that of any year in its history, except last year, and the death rate is only slightly higher than for last year. The death rate for communicable diseases dropped 28 to 40 per cent., except for measles, influenza and pneumonia. The outstanding favorable feature in the drop is the tuberculosis record, the rate for the white race being 101.2 per hundred thousand, which is slightly less than for last year, while the rate for negroes has declined from 278.7 to 255.6. Deaths from alcoholism, exclusive of those due to wood alcohol poisoning, numbered 202 for the nine months, this being eighty more than during the whole year of 1921. Suicides and homicides have increased among white policyholders. The lowest mortality rate ever recorded was in September of this year. The automobile accident death rate, however, was the maximum recorded, being 16.5 per hundred thousand.

Measles.—About 10,000 American children died of measles in 1920. This does not include a large number who died of broncho-pneumonia, a great number of cases of which, in children, are caused by measles. Approximately 60 per cent. of all deaths from broncho-pneumonia occur in children under five years of age, a time of life when measles is most likely to occur. But the story of the ravages of this disease is not complete without the mention of the large number of cases of tuberculosis, which follow an attack of it. Less frequently inflammation of the ear or the eye may be left behind, as a mark of a visitation of this common disease. From a public health standpoint, then, measles is a disease of prime importance.

Measles kills more people in the United States every year than smallpox. You can't kill a child any deader with smallpox than you can with measles. It is the duty of private citizens and municipalities to take every known measure for the prevention of the spread of this disease.

Smallpox in 1922.—Reports from twenty-four American States and 190 cities show that the smallpox prevailing during the first six months of 1922 is far more virulent than the type of disease which prevailed during the same period of 1921. The number of cases was 72 per cent. less this year in twenty-four States combined, and 74 per cent. less in 190 American cities. In these cities, however, the number of deaths during the first six months of 1922 was nearly four times the number reported in the same period of 1921. . . . No American city can be assured of safety in view of the record this year in cities which prior to 1922 had not had experience with the virulent type of the disease.—Statistical Bulletin, Metropolitan Life Insurance Co.

Spahlinger's Vaccine for Phthisis—Dr. M. J. Fine, director of the tuberculosis division of the Department of Health, recently issued a statement advising the usual method of treating phthisis be followed until the Spahlinger Vaccine Treatment has been tested and proven to be an efficient cure, that it is yet in its experimental stage.

Tuberculosis Research—Dr. Karl von Ruck, the tuberculosis specialist of Asheville, N. C., who died recently, bequeathed \$700,000 for scientific research into the prevention and cure of tuberculosis. The von Ruck Research Laboratory, Inc., which was created several years ago by the late Dr. von Ruck, will have charge of the fund and the earnings are to be scientific research, study, and experiment in expended "by the corporation or trustees for tuberculosis and for the aid of tubercular patients who are unable to procure adequate and satisfactory treatment."

Bureau of Child Hygiene, State Department of Health—The recently presented annual report of the State bureau gives a detailed account of the work and results, illustrating some facts by maps. A series of maps show the reduction of infant mortality. The first illustrates conditions as they existed in 1918 when the bureau began its baby-saving efforts. In this map fifteen counties having a death rate of babies under one year of 100 to every 1,000 births were marked black. In 1919 the mortality rate had been so reduced that but five counties were black; in 1920 only two, Salem and Camden, still were recorded as maintaining the old record, and by 1921 the black spot had all been removed. Statistics recorded at the bureau show that during last year there were under its active supervision 17,064 infants of whom about 10,000 were born last year; 2,700 expectant mothers and 50,000 school children. Deaths of babies less than a year old for the entire State were at the rate of 75.6 per 1,000 births, while the rate for infants supervised by the bureau was 34.2. Mothers' deaths in the State as a whole are one in every 170, while those who have had the advantage of supervision show one death out of 555.

Reporting on results of pre-natal care from the viewpoint of preservation of infant life the State bureau shows that while in the State at large there are to every 1,000 live births 41.4 still births, there but 13.7 still births to 1,000 live births in cases where the mothers have had the advantage of pre-natal supervision. The pre-natal phase of the bureau's work will be stressed especially the coming year, if bureau plans are carried out. The death rate under one month of age for the entire State is 36.2 per 1,000 births and for babies whose mothers were given pre-natal supervision 29.3. A continuous child hygiene program, extending from before birth to through the school period is the New Jersey standard set by Dr. Julius Levy, and the effort has been to reach the small communities and rural districts.

Pretty soon, if things go on as they probably will, you won't be permitted to take a sea voyage without a physician's prescription.

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